



Papillion-La Vista School District
Excellence... One Student at a Time

Dr. Andrew Rikli - Superintendent
Doug Lewis - Asst. Superintendent Business Services
Dr. Renee Hyde - Asst. Superintendent Human Resources
Dr. Ron Hanson - Asst. Superintendent Curriculum & Instruction

January 2, 2014

Dear Parent/Guardian:

Your child is eligible for tutoring services called Supplemental Education Services (SES) as a result of the No Child Left Behind federal law. We are able to provide this service because Carriage Hill is in school improvement status for two or more years and your child is eligible for free or reduced lunch.

These tutoring services will be provided before school, after school and/or during the summer. The services will be in addition to the instruction that your student receives during the school day. The goal is to help students increase academic achievement in reading, language arts, and/or mathematics.

You can choose a tutoring program from the list (on the reverse side of this letter) of Nebraska's list of approved Supplemental Educational Services (SES) Providers, who have agreed to provide services that are consistent with the instructional program of the district/state. They have also agreed to provide you and your child's teacher information on the progress of your child. Some providers have provided brochures and/or handouts that give more details about their services. These resources can be found in the office at Carriage Hill Elementary or contact the school office at (402)898-0449 to have the materials sent to you.

Please complete the Provider Selection Form on the attached page if you are interested.

The Provider Selection form gives you information about each provider, including whether or not the company is based in Papillion or La-Vista, the number of hours of tutoring your child will receive, if tutoring will be done at your child's school, using PLV curriculum and teachers, or if it is web based or provided in person.

Turn in completed forms by **January 17, 2014** to your child's school or to me at Central Office. Once the applications are reviewed and approved, I will contact you and the service provider. Your selected SES Provider will notify you within 10 days of notification with more information about their program.

Please call (402)537-6226 if you need additional information or have questions.

Sincerely,

Dr. Deb Rodenburg

Director of Elementary Curriculum

Enclosures: Cover Sheet, Enrollment Form

Provider Name	Based in Papillion-La Vista	Available at Carriage Hill	In Person (not web-based only)	Only uses PLV curriculum and teachers
Abacus In-Home Tutoring, Inc.	No	Not currently	Yes	No
Above and Beyond Learning, Inc.	No	Not currently	Yes	No
ATS Project Success	No	No	No	No
Club Z! In-Home Tutoring Service, Inc.	No	Not currently	Yes	No
Educational Service Unit 6	No	Not currently	Yes	No
Eduss Learning	No	Not currently	No	No
Envision Learning, LLC	No	No	No	No
Learn it System, LLC	No	No	No	No
One on One Learning Center	No	Not Currently	Yes	No
Sylvan Learning	No	No	Yes	No
1 to 1 Tutoring	No	Not currently	Yes	No

Student ID# _____ Please make a copy for parent and keep a copy for your records

Papillion-La Vista Schools
SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDER
SELECTION FORM

Student's Name (Printed) _____

Grade _____

Carriage Hill Elementary
School

2013-2014
Year

Check the Box that Applies:

☐ My son/daughter **WILL** participate in a **Tutoring Program** (Supplemental Educational Services program) as it is described in *No Child Left Behind*.

- I am selecting one of the state approved providers from the list below.

I select _____

(State-approved provider's name from the list below)

- I understand that the district will enter into an agreement with the provider and I will be notified of a time to meet with the provider to set goals for my student and that the student's teacher and I will be informed of the student's progress.
- I understand that if funds are insufficient to cover the supplemental educational services for all of the students who choose to participate, participation will be based on prioritized academic need as defined by the district.

☐ My son/daughter **WILL NOT** participate this academic year in a **Tutoring Program** (Supplemental Educational Services Program) as it is described in *No Child Left Behind*.

(Signature of parent/guardian)

(Date)

(Printed name of parent/guardian)

(Telephone Number)

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Sylvan Learning	No	No	Yes	No
1 to 1 Tutoring	No	Not currently	Yes	No

Please check with your child's school for more information about specific providers.