

**Richmond Heights School District
Educational Services Department
Supplemental Education Services (SES) Provider Selection Form**

Directions: Please complete the form below and return to:

Elana Clavner
Richmond Heights School District
447 Richmond Road
Richmond Heights, Ohio 44143

Student ID _____
(office use only)

STUDENT INFORMATION

Student's First Name				Student's Last Name			
School		Grade Level	Student has IEP ____yes ____no		Date of Birth		
Teacher							
Parent/Guardian's First Name				Parent/Guardian's Last Name			
Address						Zip Code	
Home Phone Number			Work Phone Number			Cell Phone Number	
Parent/Guardian's First Name				Parent/Guardian's Last Name			
Address						Zip Code	
Home Phone Number			Work Phone Number			Cell Phone Number	

SELECTION OF PROVIDER

Indicate your 1st and 2nd choice for Supplemental Educational Service provider. Print the name of the provider you have chosen.

1st Choice _____

2nd Choice _____

PARENTAL CONSENT TO RELEASE INFORMATION

I hereby give consent for the Richmond Heights School District to share this contact information and relevant achievement data about the above mentioned student with the selected service provider.

Parent/Guardian's Signature _____ Date _____

For students having IEPs only:

I give consent to release a copy of IEP goals/objectives relevant to reading/math instruction and specific instructional strategies to support supplemental instruction. ___ Yes ___ No

Parent/Guardian Signature _____ Date _____