

Brandywine Heights Area School District



Administration Office • 200 West Weis Street, Tipton, PA 19562
610-682-5113 phone • 610-682-5136 fax • e-mail: andpot@bhasd.org

Andrew M. Potteiger
Director of Curriculum & Instruction

Notice of SES (Supplemental Educational Services) **PLEASE READ: Important Information Affecting Your Child**

February 26, 2010

Dear Brandywine Heights Middle School Parent or Guardian,

We would like to make you aware of a benefit available to you based on the progress of your child's school under the guidelines of No Child Left Behind (NCLB).

The Brandywine Heights Middle School did not meet the AYP status in the 2007-08 school year based on the performance of two subgroups; Individual Education Plan (IEP) – Special Education students in the areas of Mathematics and Reading, as well as the Economically Disadvantaged subgroup in the area of Reading.

Brandywine Heights Middle School is making progress toward achieving Adequate Yearly Progress (AYP) and met 100% of AYP targets in 2009. The Middle School AYP status is "Making Progress: in School Improvement II". Two successive years of making AYP will result in being removed from School Improvement II status. "Making Progress" means that the school met AYP for the first of two years.

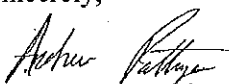
We are very proud of the continued success of our Middle School students. According to the Brandywine Heights Middle School PSSA results, all students, especially the targeted IEP Reading and Math students, remain the focus for academic improvement in the Middle School during the 2009-10 school year.

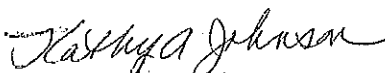
Through Title I funds distributed to Brandywine Heights Area School District, a benefit available to your child/ren in the Middle School is Supplemental Educational Services, or SES. These services can be provided to help children who are in need of Supplemental Instruction. An updated list of state approved agencies agreeing to support BHASD is enclosed for your consideration. Please understand that you will be responsible to meet the obligations of that agency, ie: number of sessions per week, transportation, homework assignments, progress monitoring and the like. If certain requirements are not met between the agency and the school district, such as a minimum number of participants, services may not be offered.

After reviewing the list please fill out the attached form (front and back) and return it to the Brandywine Heights Middle School Office at 200 West Weis Street, Tipton PA 19562 by Wednesday, March 10, 2010. For those families wishing to take advantage of SES, we anticipate programs to begin in the early spring. If you have additional questions please feel free to contact the Office of Curriculum and Instruction at 610-682-5113.

There will be many in-house initiatives conducted by the Middle School to support your children in reading and mathematics during the coming years as we strive to make progress toward AYP.

Sincerely,


Andrew M. Potteiger
Director of Curriculum & Instruction


Kathy A. Johnson, Ed.D.
Middle School Principal

cc: Martin D. Handler, Ed.D.
Mary Darrach

AMP/ks

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SUPPLEMENTAL EDUCATIONAL SERVICES 2009-10 PROVIDER SELECTION FORM

*Please return to: Brandywine Heights Middle School Office,
200 West Weis Street, Tipton PA 19562*

Name of Child/Children	School	Grade	Student ID
_____	_____	_____	_____
_____	_____	_____	_____

Name of Parent: _____ Signature: _____

Address: _____

Telephone Number: _____ Cell Phone: _____

I understand that my child may be eligible to participate in supplemental educational services (free tutoring). I have selected the following option and give permission for the District/school to share contact information with the approved Provider of my choosing:

_____ My son/daughter **WILL** participate in the Supplemental Educational Services free tutoring program.

- I am selecting the state-approved provider from the list provided to me. In the event that my first choice is unable to provide services, my child will be enrolled in the program listed as my second choice.

I select _____ as my **first** choice.
(State-approved provider's name)

I select _____ as my **second** choice.
(State-approved provider's name)

- 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 prioritized on the basis of academic need as defined by the district.

_____ My son/daughter **WILL NOT** participate in the Supplemental Educational Services program.

PARENTS: PLEASE TURN OVER, READ AND SIGN THE WAIVER TO RELEASE INFORMATION.

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Family Educational Rights and Privacy Act, 20 U.S.C. § 1232(g) Waiver to Disclose Information

Student Name: _____

School: _____

The undersigned, the parent(s) or guardian(s) (the "Parents") of the student (the "Student") listed above, to the fullest extent permitted by applicable law, including but not limited to the federal Family Educational Rights and Privacy Act, 20 U.S.C. § 1232(g), hereby authorize **Brandywine Heights Area School District** (the "SDP") to release to

_____ (the "Contractor"),

whom I (we) have selected as a provider of Supplemental Educational Services tutoring for the Student, information, including confidential records of the SDP concerning the Student, necessary in order to permit the Contractor to design and implement its Program of Supplemental Educational Services in a manner that will maximize the educational benefit to the Student. This Waiver constitutes my (our) written consent, as required under 34 C.F.R. § 99.30, signed and dated, before the SDP discloses personally identifiable information concerning the Student to the Contractor. Accordingly: (1) the records that the SDP may disclose to the Contractor are the Student's grades and standard test scores for the current and previous academic years; (2) the parties make this disclosure to the Contractor in order to assist the Contractor in designing and implementing the Contractor's Program with respect to the Student; and (3) the SDP may make disclosure of such records only to the Contractor, and the Contractor may share this information only with its instructors and administrators implementing the Program. If I (we) request, the SDP shall provide me (us) with a copy of the records disclosed. The Contractor shall keep all such information, and any other information I (we) may provide concerning the Student, confidential to the fullest extent provided by Applicable Law. The Contractor must procure my (our) prior written consent before releasing any information concerning the Student. The foregoing to the contrary notwithstanding, I (we) hereby consent to the release and delivery by the Contractor to the SDP information concerning the Student's performance in the Contractor's Program, including but not limited to academic performance, attendance, standardized testing and assessments and disciplinary incidents, if any.

Date: _____, 2010

Parent(s) or Guardian(s) Signature(s):
