



Gary S. Thomas, Ed.D., Superintendent

San Bernardino County Superintendent of Schools

STUDENT SERVICES DIVISION

Individual Supplemental Services Agreement (ISSA)

Student Name: _____

Student ID# Number: _____

School: _____

Grade: _____

Parent Selected
Provider: _____

Special Services: English Language Learner Special Education

Date of Consultation Meeting: _____

Attach California Language Arts and Mathematics standards test results; California High School Exit Exam results, if appropriate; standardized test results. If this student is in Special Education, attach IEP Learning Goals.

1. Describe the specific achievement goals that will be established for this student.
2. How will progress toward achieving these goals be measured?
3. What is the timeline for improving achievement? In the case of a student with disabilities, the timeline will be consistent with the student's Individual Education Program (IEP) pursuant to the Individuals with Disabilities Education Act.
4. How will parents and the student's teacher be regularly informed of student progress?
 monthly bimonthly other _____

Procedure for Notification:



Gary S. Thomas, Ed.D., Superintendent

San Bernardino County Superintendent of Schools

5. Services to be provided:
Number of days of service covered by this agreement: _____

Location of services: _____

Type of service:
 individual small group (less than 6)
 average group (6 – 15) other _____
6. Attendance: Students must attend supplemental services on a regular basis. Absences in excess of _____ days may result in termination of services. Supplemental Service Provider will notify district and parent that services have been terminated.
7. Termination of services: The parent, district representative, and supplemental services provider have a right to terminate services if the provider is unable to meet stated goals and timelines. Parents will notify in writing their request to terminate the services of a supplemental provider.
8. Method of Payment: Each supplemental service provider will submit a monthly calendar indicating service for the student and signed off by the student/parent. This calendar will identify the hourly rate per student. The service provider may invoice up to the per pupil allotment designated by the state for the current school year for supplemental services for this student. Any request for additional funds is outside the responsibility of the district and rests with the supplemental service provider and parent.
9. Supplemental service provider AGREES NOT TO DISCLOSE to the public the identity of this student without written consent of the parent.

Parent Signature

Date

Supplemental Service Provider

Date

Signature of District Representative

Date

A copy of this agreement must be signed by both the parent and provider, and received by the SBCSS Categorical Coordinators office prior to submitting invoices