

MONTHLY SUPPLEMENTAL EDUCATIONAL SERVICES INDIVIDUAL STUDENT ATTENDANCE REPORT

Student Name: _____ **Current School:** _____ **Loc. #:** _____

Student ID #: _____ **Tutor(s) Full Name:** _____

Provider Name/Code: _____

Reporting Month/Year: _____ *(submit monthly by the 5th of each month.)* **Maximum # of Annual Billable Hours:** _____

Total Billable Hours this Month: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
No. of Hours																															
Print Student's Initials																															
Print Parent's Initials (Required for In-Home Tutoring)																															
Print Tutor's Initials																															

Important! - Hours of services will be removed if the listed tutor(s) was/were not cleared prior to providing services, tutors', students', or parents' initials (**for in-home tutoring**) are missing or wrong, and/or white out was used on student's Dates/Hours/Initials, and/or on Tutor's Name, Initials or Signature.

Certification of Provision of Services: I hereby certify that Supplemental Educational Services have been provided to the above named student on the dates and for the times indicated herein. I also certify that at least one Progress Report has been completed for this month. I understand that any material misrepresentation may subject me to criminal, civil and/or administrative action.

_____	_____	_____
Tutor's Full Name	Tutor's Signature	Date
_____	_____	_____
Tutor's Full Name	Tutor's Signature	Date
_____	_____	_____
Tutor's Full Name	Tutor's Signature	Date

I hereby certify that the above named tutor(s) have met the minimum qualifications established as the Title I standards for paraprofessionals, such as an earned secondary school diploma and two years of college (equivalent to 60 semester hours) or an Associate's Degree, or have passed a local paraprofessional academic assessment and/or course. Also, I certify that the above named tutor(s) have met Level 2 screening requirements as described in § 1012.32, Florida Statutes and have been fingerprinted/drug tested, and received background/drug screening clearance by the M-DCPS Title I Administration Office prior to the time they begin working with students. I also certify that at least one Progress Report has been provided for this month to the student's parent and homeroom teacher.

_____	_____	_____	_____
Supervisor (print)	Title	Supervisor (signature)	Date

Directions: The original Individual Student Attendance Report (with original signatures in blue ink by the Principal of the Provider Agency, or authorized representative as substantiated by affidavit on file with the District) MUST be mailed to the District on a monthly basis to:



Mr. Rafael Urrutia, Accountability Officer
 Title I Administration
 Miami-Dade County Public Schools
 Attention: NCLB SES Billing
 1450 N.E. 2nd Avenue, Room 500
 Miami, FL 33132

Revised on 10-07-09

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