

MONTHLY SUPPLEMENTAL EDUCATIONAL SERVICES INDIVIDUAL STUDENT ATTENDANCE REPORT (IN-HOME TUTORING VERSION)

Student Name: _____ **Tutoring Location Name:** _____

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 11-16-09



FM-7352-In-Home Tutoring