

**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 5<sup>th</sup> 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 <b>(Required for In-Home Tutoring)</b>																															
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. 2<sup>nd</sup> Avenue, Room 500  
 Miami, FL 33132

