



Volusia County Schools Parent Permission for Tutoring

School: _____ Date: _____

Student: _____ Alpha ID: _____

Teacher: _____ Grade: _____

TUTORING PROGRAM:

Program description: _____

Tutoring provided by: _____

Dates of program: _____

Tutoring time: _____

AREAS OF FOCUS:

READING:

- Phonemic awareness
- Phonics
- Fluency
- Vocabulary
- Comprehension

MATH:

- Conceptual Understanding
- Problem Solving
- Procedural Understanding
- Representing
- Reasoning & Communicating

REQUIREMENTS/GUIDELINES:

The student will attend regularly, arrive on time, and display appropriate behavior. Unexcused absenteeism and/or inappropriate conduct may result in removal of the student from the program.

Other: _____

PARENT/GUARDIAN INSTRUCTIONS:

Please complete and sign this permission form. Return the signed copy to the classroom teacher by _____. The teacher will return a copy to you for your records.

Student's Transportation:

- Student will walk or ride bike home.
- Student will be picked up by: _____
- Other: _____

I, _____ give permission for my child, _____ to participate in the tutoring program. I understand the requirements/guidelines for his/her participation, as listed above.

I regret that my child, _____ cannot participate in this program.

Parent Signature

Date

Teachers: Please keep 1 copy in the student's records and make 1 copy to send home for the parent.