

ALLEGANY COUNTY PUBLIC SCHOOLS TUTORING PERMISSION FORM

| Student's Name: (First and Last) | | Grade: | |
|--|--------|--------|---|
| Home or Work Phone Number: | | | I |
| | | | |
| Cell Phone Number: | | | |
| Email: | | | |
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| The ACPS was recently awarded a grant to implement after-school tutoring for students. Tutoring sessions are designed to address intervention, remediation, or acceleration needs for the student. The focus of the grant is on reducing achievement gaps in the areas of reading, ELA, and mathematics. My daughter/son has permission to participate in the Allegany County Public Schools (ACPS) tutoring program. Sessions are 30 minutes in length. Sessions could be by phone or through a video conferencing tool used with <i>Schoology</i> or <i>Google Meet</i> . Tutoring sessions will not be recorded. The teacher will coordinate the date/time for the session (s). Any questions will be addressed by the school's tutoring coordinator or teacher. The school has the right to terminate tutoring sessions for inappropriate behavior by a parent/guardian and/or student. The availability of tutoring sessions is subject to grant funding. | | | |
| Student's Signatur | e Date | | |
| Parent's Signature | Date | | |