

**Salem Lutheran School  
Special Services Agreement**

*Special Services refers to any service outside the realm of the regular classroom designed to either enhance or remediate a student's academic progress. Services include but are not limited to: gifted and talented programs such as PSIA (and other academic contests), contest writing, diagnostic testing and screening; formulation and follow through of IEP's based on diagnosis by a physician (exam proctoring, special materials, etc.); Tier 2 and Tier 3 intervention programs for difficulties in reading, spoken language, written language, and/or mathematics, or any other diagnosed learning disability.*

Name of Child \_\_\_\_\_

Start Date \_\_\_\_\_

Date \_\_\_\_\_

Cancellation Date \_\_\_\_\_

Grade \_\_\_\_\_

Service Provider \_\_\_\_\_

***Gifted and Talented Program***

***Academic Coaching***

Students who sign up for academic coaching will receive a minimum of ninety minutes of coaching per month. Most coaching occurs after school and on days that are not in competition with athletic practices and games. Parents are to be involved in so far as transporting students to academic competitions and volunteering to judge at various events as necessary.

***Fees for Gifted and Talented Program***

Gifted and Talented Program

\_\_\_\_\_ Academic Coaching      \$300 per year through contest dates

Total Amount Due \_\_\_\_\_

**Payment Plan** *All charges will be billed to your TADS account*

1 payment \_\_\_\_\_ (due 1<sup>st</sup> month of contract)

2 payments \_\_\_\_\_ (due 1<sup>st</sup> month of contract and January 2016)

10 monthly payments \_\_\_\_\_ "August through May" Choose the due date 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, or 25<sup>th</sup> (circle one)

*All fees are payable to Salem Lutheran School according to the selected payment plan. If fee reduction is necessary, please ask for additional information. The school reserves the right to withhold records and services for nonpayment.*

*Every effort will be made to provide the coaching and intervention time agreed upon. Absences due to illness or school events will be made up at the school's discretion.*

By signing this form I acknowledge that I understand the above information and agree to the terms within. (Revised 04/29/14)

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

