

**PBL Eastlawn School
Supplemental Educational
Services Provider Selection Form**

STUDENT INFORMATION

Student Name _____ Date of Birth _____ Grade _____

Is student an English Language Learner? Yes No	Does student have an IEP? Yes No
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Parent Name _____ Address _____

Phone _____

PROVIDER CHOICE

Please read the information about the Providers on the attached sheet. State your first, second and third choices on the lines below.

First Choice _____

Second Choice _____

Third Choice _____

As parent/guardian of this student, I authorize release of my child's information to the provider I have chosen.

Parent/Guardian Signature

Date

Please call Barry Wright Principal, 379-2000 or Tara Tighe, 379-3314 with any questions you may have about Supplemental Educational Services for your child.

Please return this form to your child's teacher by January 10, 2014