

STAR POWER TUTORING PROGRAM

Name of Student _____

Student's Classroom _____

Grade Level _____

The STAR POWER program is being offered to students who scored at or below basic on their STAR testing with the intent to provide test taking strategies and improve test results.

_____ has my permission to participate in the STAR POWER program in Math and/or Language for the benefit of receiving supplemental hourly instruction. While this program is offered at no charge, I am committing to my child's successful participation for the duration of each program cycle, including regular attendance.

Tuesday Morning 7:20 – 8:20 (language) with Ms. Lisa _____

Tuesday Afternoon 3:15-4:15 (math) with Ms.Mindy _____

Wednesday Afternoon 3:15-4:15 (language) with Ms. Lisa _____

Thursday Morning 7:20-8:20 (math) with Ms. Lisa _____

Tutoring will be begin on October 25th

Parent Signature

Date