

**MATH AND SCIENCE SUCCESS ACADEMY
COMPENSATORY EDUCATION PROGRAM FORM**
(Please return form to the front office)

Parents/Guardians: Your child would benefit from the Compensatory Education Program and has been recommended to participate. The extra help will be of assistance to your child becoming fluent in the English language and meeting Arizona's Academic State Standards.

Student Name: _____

Please check one of the following:

I request for my student to attend the extended day Compensatory Education Program to advance their English language development.

I decline for my student to attend the extended day Compensatory Education Program. I also realize that by denying my student access to the program, they will not benefit from additional programming designed to develop their acquisition of the English Language. Students not proficient with the English Language are at risk of not passing the High School AIMS test, which is a requirement for graduation. In addition, I acknowledge that students are required to meet Arizona's State Academic Standards and if my child is not proficient with the English language he or she might be at risk for academic failure.

Parent/Guardian Signature

Date