

**SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT
CATEGORICAL PROGRAMS**

Individual Supplemental Services Agreement (ISSA)

Student Name: _____

Student ID# Number: _____

School: _____

Grade: _____

Parent Selected Provider: _____

Special Services: English Language Learner _____ Special Education _____

Date of Consultation Meeting: _____

Attach California Language Arts and Mathematics standards test results; California High School Exit Exam results, if appropriate; standardized test results. If this student is in Special Education, attach IEP Learning Goals.
--

1. Describe the specific achievement goals that will be established for this student.

2. How will progress toward achieving these goals be measured?

3. What is the timeline for improving achievement? In the case of a student with disabilities, the timeline will be consistent with the student's Individual Education Program (IEP) pursuant to the Individuals with Disabilities Education Act.

4. How will parents and the student's teacher be regularly informed of student progress?
____ monthly ____ bimonthly ____ other _____

Procedure for Notification:

