



SERVICES ACCEPTANCE MEMORANDUM OF UNDERSTANDING

To: Mr. Glenn Dennis, Principal
From: Mr. Alex Argueta, Executive Director
Date: August 14, 2017

NOW, THEREFORE, in consideration of the recitals and mutual obligations of the parties herein expressed, The Parent Institute for Quality Education (PIQE) and San Rafael City School District as follow:

RECITALS

- A. Scope of Services: PIQE will provide a parent training course for the parents of the children enrolled in the school above mentioned. PIQE will recruit parents by phone, provide a needs-assessment session, a series of weekly training sessions for parents culminating in a graduation ceremony with certificates given to parents who attend four sessions or more. The training is designed to develop skills and techniques which will enable parents to address the educational needs of their school-aged children.
- B. Location: **185 Mission Ave. San Rafael, CA 94901**
- C. Period of Performance: Every Thursday starting September 26, 2017 through November 28, 2017

Compensation: \$180 per parent graduate (those parents who attended four or more classes during the nine-week course) or a flat fee of \$5,400 should there be less than 30 parent graduates in any one language, and a flat fee of \$2,700 for any additional class in another language should there be less than 15 parent graduates.

School funding from: Title I and MCOE

In addition, schools where the PIQE program is provided will make available babysitting services as well as any refreshment to be provide to the parents

I accept these services at San Rafael High under the terms and conditions noted.

Glenn E. Dennis

District Representative

9/6/17

Date

Parent Institute Representative:

Alex Argueta

Alex Argueta, Executive Director PIQE

Now Anything is Possible!

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**PARENT INSTITUTE FOR QUALITY EDUCATION
DIRECTOR'S PROCEDURE CHECKLIST**

Executive Director: Alex Argueta **District:** San Rafael City School District **Quarter:** Fall 2017

School Name: San Rafael High School		Principal's Name: Glenn Dennis		
		E-mail: gdennis@srcs.org		
Address: 185 Mission Ave. San Rafael, CA 94901		Phone: (415) 451-6237	Fax: (415) 473-4183	
Enrollment: 1,228	% Latino: 64.2	% Anglo: 29.4 % African-American: 1	% Asian: 4.5 % Filipino: 0.2	Goal: 50
Day:	Tuesday	Wednesday	Thursday	Other:
Time AM:				
Time PM:			6:30	
Planning Session Date: 9/26/2017		Principal's Dialogue Date: 11/14/2017		
Indicate Any Combination of Sessions*:		Graduation Date: 11/28/2017		
Notebook Overview				
Parent Meeting:	Date:	Time:		
Faculty Meeting:	Date:	Time:		
Number of Room:	A.M.:	P.M.:		
Roster Pick-up Date:			Email Date:	
Memo of Understanding Due:			Graduation Protocol Review Date:	
Thirteen Items the School Provides				
<ol style="list-style-type: none"> 1. <input type="checkbox"/> Budget and payment process (Referred to Memorandum of Understanding). 2. <input type="checkbox"/> Refreshments, coffee, and cookies (cake for graduation). 3. <input type="checkbox"/> Childcare for the morning and evening sessions. 4. <input type="checkbox"/> Classroom space for 25 – 35 parents per classroom. In some cases classes are conducted with less than 35 parents per classroom. The minimum number of parents to open a class in any language is 15. 5. <input type="checkbox"/> Provide the student enrollment roster via email <u>one month prior to the Planning Session</u>. The roster must include the name of the parents, student address and phone numbers in alphabetical order with primary language in an EXCEL document. 6. <input type="checkbox"/> Send to parents the attached flyers approximately one week prior to the P.S. 7. <input type="checkbox"/> School profile, description of special programs the school offers, and the accountability report card; SARC, Student-Parent Handbook, Sample Report Card, Graduation Requirements (HS only). 8. <input type="checkbox"/> Prepare and conduct the Principal's Dialogue on week # 8. (Transcript Review for Middle schools) 9. <input type="checkbox"/> Invite a graduation speaker (5 minute speech); provide graduation program and entertainment if available at the school. 10. <input type="checkbox"/> Meet with PIQE Associate Director to review the PIQE graduation protocol. 11. <input type="checkbox"/> Fill out and fax or email school basic information. 12. <input type="checkbox"/> Consultant Agreement, Copy of Contract and PURCHASE ORDER number (If available). 13. <input type="checkbox"/> P.A. System, LCD Projector, Document Reader or Overhead Projector and White Board. 				
Principal Signature: <u>Glenn E. Dennis</u>				
PIQE/Representative Signature: _____				
Name of your school staff that will be assisting the Parent Institute: _____				
Comments				

*Session Combinations require Executive Approval: