

SES PROVIDER APPLICATION

Part B

PROVIDER SERVICE SUMMARY

This information will be available to parents, schools, and the general public. All parts must be completed.

PROVIDER INFORMATION

NAME OF PROVIDER:

Grace United Community Ministries, Inc.

MAILING ADDRESS:

801 Benton Blvd.

CITY:

Kansas City

STATE:

Missouri

ZIP CODE:

64124

PHONE NUMBER:

816-231-5745

FAX NUMBER:

E-MAIL ADDRESS:

ashayrev@hotmail.com

PRIMARY CONTACT INFORMATION

NAME:

Rev. Sharon Garfield

PHONE NUMBER:

816-231-5745

E-MAIL ADDRESS:

ashayrev@hotmail.com

SERVICES**Provider status—check all that apply:**

- For-profit organization
 Non-profit organization
 Faith-based organization

- School district
 School building
 Individual
 Other: _____

Areas to be served by provider:

- All school districts in Missouri
 Specific districts or counties. Please list or submit attachment:

Jackson - KC Missouri

Number of sessions per week: 4 -30 minute sessions one-on-one, 4- 30 minute small group (3-5)**Minimum/maximum numbers:**Minimum number of students required before offering services: 25Maximum number of students to be served at a session (student/tutor ratio): 5**Cost per session:** \$25 per hour**Proposed location of service delivery:**

- Student's school site (if negotiated with the district)
 Provider site
 Other--explain: _____

If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee?
 (Note: Districts are not required to provide or pay for transportation).

Transportation from School to Site, then home. No fee

Certification of instructors:

- Baccalaureate degree in education
 Baccalaureate degree in related field of instruction. Please list related field(s): _____
 Reading Specialist
 Other: _____

Additional education and/or experience:

- Masters level degrees or above in either reading or mathematics
 Missouri teacher certificated/licensed teachers
 Experience teaching students with specific disabilities
 Experience teaching LEP students
 Ability to speak languages other than English. Please list: Spanish
 Other: _____

Tutoring subjects available:

- Reading Writing Math

Grade Levels Served:

- K-2 3-5 6-8 9-12

Title or description of tutoring curriculum utilized: Success For All (SFA)

Time of Service:

- Before School
 After School
 Weekends
 Summer
 Other: _____

Mode of Instructional Delivery:

- Individual Tutoring
 Small Group Instruction (2 to 5 students)
 Large Group Instruction (6 to 10 students)
 On-Line/Web-based
 Other: _____

Specifics of reporting to parents & school (check all that apply):

Method:

- letters
 phone calls
 conference with parents
 conference with parents & school
 other: _____

Frequency:

- weekly
 bi-monthly
 monthly
 other: _____

Specific Student Populations Served:

If your organization has provided supplemental services to any of the following groups, please check the corresponding box.

- Low-income students
 Minority students
 Migrant students
 Limited English proficient students (LEP)
 Indicate particular language(s) with which you have expertise Spanish
 Special education students
 Other—describe: _____
 Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.
Indicate subgroups: _____

Effectiveness:

Give a brief summary of statistical data that demonstrates effectiveness of your program/services. (Appropriate data will be shared with parents).

Pre-Post Testing to assess reading and math levels, Student Learning Plan and Time Table to show areas of growth, Daily log of activities and results kept by volunteer tutors, attendance chart in tutoring activities, daily homework completion chart. And Staff/Volunteer quarterly evaluation