

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:

Neighborhood Houses

MAILING ADDRESS:

5621 Delmar

CITY:

St. Louis, MO 63112

STATE:

ZIP CODE:

PHONE NUMBER:

(314) 383-1733

FAX NUMBER:

(314) 361-6873

E-MAIL ADDRESS:

execdir@neighborhoodhouses.org

PRIMARY CONTACT INFORMATION

NAME:

Roxanne Crawford

PHONE NUMBER:

(314) 383-1733

E-MAIL ADDRESS:

programs@neighborhoodhouses.org

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: St. Louis City Schools and Wellston School District

Number of sessions per week: 2 sessions per week

Minimum/maximum numbers:

Minimum number of students required before offering services: 5

Maximum number of students to be served at a session (student/tutor ratio): 5:1

Cost per session: \$24 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).

No

Certification of instructors:

- Baccalaureate degree in education
- Baccalaureate degree in related field of instruction. Please list related field(s): English, Mathematics
- 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: _____
- 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: Academic Achievers: Math and Reading Club

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 _____
 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).

