

## 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: Pershing Accelerated Elementary School - Herbert Buie, Principal		
MAILING ADDRESS: 6761 Bartmer		
CITY: University City	STATE: Missouri	ZIP CODE: 63130
PHONE NUMBER: 314-290-4152	FAX NUMBER: 314-725-3562	
E-MAIL ADDRESS: hbuie@u-city.k12.mo.us		

#### PRIMARY CONTACT INFORMATION

NAME: Rebecca Soriano	PHONE NUMBER: 314-290-4049
E-MAIL ADDRESS: rsoriano@u-city.k12.mo.us	

#### SERVICES

<b>Provider status—check all that apply:</b>	
<input type="checkbox"/> For-profit organization <input checked="" type="checkbox"/> Non-profit organization <input type="checkbox"/> Faith-based organization	<input type="checkbox"/> School district <input checked="" type="checkbox"/> School building <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____
<b>Areas to be served by provider:</b>	
<input type="checkbox"/> All school districts in Missouri <input checked="" type="checkbox"/> Specific districts, schools, or counties. Please list or submit attachment: <u>University City</u>	
<b>Number of sessions per week:</b> <u>3</u>	
<b>Minimum/maximum numbers:</b>	
Minimum number of students required before offering services: <u>1</u>	
Maximum number of students to be served at a session (student/tutor ratio): <u>5/1</u>	
<b>Hourly fee:</b> <u>\$61.40</u>	
<b>Proposed location of service delivery:</b>	
<input checked="" type="checkbox"/> Student's school site (if negotiated with the district) <input type="checkbox"/> Provider site <input type="checkbox"/> Other—explain: _____	
<b>Transportation:</b> 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).	
<b>Certification of instructors:</b>	
<input checked="" type="checkbox"/> Baccalaureate degree in education <input checked="" type="checkbox"/> Baccalaureate degree in related field of instruction. Please list related field(s): <u>ESL</u> <input checked="" type="checkbox"/> Reading Specialist <input type="checkbox"/> Other: _____	
<b>Additional education and/or experience:</b>	
<input checked="" type="checkbox"/> Masters level degrees or above in either reading or mathematics <input checked="" type="checkbox"/> Missouri teacher certificated/licensed teachers <input checked="" type="checkbox"/> Experience teaching students with specific disabilities <input checked="" type="checkbox"/> Experience teaching LEP students <input checked="" type="checkbox"/> Ability to speak languages other than English. Please list: <u>Spanish</u> <input type="checkbox"/> Other: _____	

**Tutoring subjects available:**

- Reading    Writing    Math

**Grade Levels Served:**

- K-2    3-5    6-8    9-12 (Grades 3-6)

**Title or description of tutoring curriculum utilized:** Kidz Lit/Everyday Mathematics

**Time of Service:**

- Before School  
 After School  
 Weekends  
 Summer

is the curriculum. The title of our tutoring program is "Reading Rocks" and "Math Mania"

**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:**

Provide a 3-5 sentence description of your program's effectiveness that will assist parents in their search for a provider.

\_\_\_\_\_ The Supplemental Education Services program provided by Pershing \_\_\_\_\_  
\_\_\_\_\_ Accelerated Elementary School will use district-trained teachers to provide targeted small \_\_\_\_\_  
\_\_\_\_\_ group instruction for eligible students. Our current assessment system for \_\_\_\_\_  
\_\_\_\_\_ communication arts and mathematics, which utilizes Tungsten Learning, Kidz Lit \_\_\_\_\_  
\_\_\_\_\_ Pre/Post tests and the Developmental Reading Assessment (DRA) will be used to monitor \_\_\_\_\_  
\_\_\_\_\_ the student's progress. As a result of the services provided, Pershing has made AYP in \_\_\_\_\_  
\_\_\_\_\_ communication arts and mathematics and continues to show improvement. \_\_\_\_\_