

# 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

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

WEBSITE

#### PRIMARY CONTACT INFORMATION

NAME

PHONE NUMBER

E-MAIL ADDRESS

#### 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, schools, or counties. Please list or submit attachment

##### Number of sessions per week

##### Minimum/maximum numbers

Minimum number of students required before offering services \_\_\_\_\_

Maximum number of students to be served at a session (student/tutor ratio) \_\_\_\_\_

##### Hourly fee for instructional services

##### Proposed location of service delivery

- Student's school site (if negotiated with the district)
- Provider site
- Other—explain \_\_\_\_\_

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

##### Qualifications of instructors

- Baccalaureate degree in education
- Baccalaureate degree in related field of instruction. Please list related field(s).
- Reading Specialist certificate
- Missouri certificated/licensed teacher(s)
- Masters level degree or above
- Experience teaching students with specific disabilities
- ESOL endorsement
- Experience teaching limited English proficient (LEP) students
- Ability to speak languages other than English. Please list \_\_\_\_\_
- Other \_\_\_\_\_

**Tutoring subjects available:**

	Reading	Writing	Math
Grades K-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grades 3-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grades 6-8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grades 9-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Grade levels served:**

- K-2     3-5     6-8     9-12

**Title or description of tutoring curriculum utilized:** \_\_\_\_\_

**Time of service:**

- Before school  
 After school  
 Weekends  
 Summer

**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):**

	Weekly	Twice a Month	Monthly	Other
Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference with parents & school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Specific Student Populations served:**

**If your organization is able to provide 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)  
 Students with disabilities  
 Indicate particular language(s) with which you have expertise \_\_\_\_\_  
 Other—describe: \_\_\_\_\_  
 Indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in an area(s).  
Indicate subgroups: \_\_\_\_\_

**Effectiveness:**

**Provide a 3-5 sentence description of your program that highlights its effectiveness and will assist parents in their search for a provider.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SES APPLICATION

### Part C

#### ASSURANCES

In submitting this application to be included on the Missouri Department of Elementary and Secondary Education's approved Supplemental Educational Services (SES) Provider List, I certify that:

1. All applicable federal, state, and local health, safety, and civil rights laws will be met.
2. Prior to their providing services to children, all teachers in the program will have undergone current criminal background checks with the Missouri State Highway Patrol, will have been fingerprinted and approved to work with children.
3. All instruction and content will be secular, neutral, and non-ideological.
4. All instructors will have the degree(s) or experience indicated in Part A and B.
5. Student Learning Plans will be developed for each student served that include academic goals relevant to that student's assessed needs. These plans will be made available to parents, the school, and if requested, to the state.
6. All qualified students whose parents request services from the provider will be served equally, without restriction.
7. The identity of any student eligible for or receiving supplemental educational services will not be disclosed without the permission of the parent.
8. No additional admission criteria will be applied to eligible students.
9. Our organization will not employ any school district employee who currently serves the district in the capacity of administrator or SES coordinator.
10. Students will not be offered any form of incentive for signing up with our organization; other incentives given to recognize achievement of goals will be valued at no more than \$25.
11. Students/parents will not be encouraged to switch providers once students have enrolled with a provider.
12. Our organization is financially stable and will be able to complete services to the student and the school.
13. Our organization understands that approval does not constitute the State of Missouri's endorsement of our program.
14. The organization will participate in any and all data reporting and evaluation activities as requested or required by the U. S. Department of Education, the Missouri Department of Elementary and Secondary Education, and the contracted school district.
15. Removal from the provider list will be accepted if any false or exaggerated information is found, or if services are found to be ineffective or not in the best interest of the individual student.
16. The provider agrees to be an independent enterprise and separate from the State and from the Missouri Department of Elementary and Secondary Education.

#### REQUIRED SIGNATURE

NAME OF PROVIDER/ENTITY

PRINTED NAME

TITLE

ORIGINAL SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE