

**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:

Bryan Hill Elementary (Saint Louis Public School)

MAILING ADDRESS:

2128 Gano Ave

CITY:

Saint Louis MO 63107

STATE:

ZIP CODE:

PHONE NUMBER:

314 534 0370

FAX NUMBER:

314 535 7864

E-MAIL ADDRESS:

carole.johnson@slps.org

**PRIMARY CONTACT INFORMATION**

NAME:

Doretta A. Walker

PHONE NUMBER:

314 345 4426

E-MAIL ADDRESS:

doretta.walker@slps.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: Saint Louis Public Schools

**Number of sessions per week:** 4

**Minimum/maximum numbers:**

Minimum number of students required before offering services: 40  
Maximum number of students to be served at a session (student/tutor ratio): 10

**Cost per session:** \$38.00 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).

**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: \_\_\_\_\_  
 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:** McGraw/Hill-SRA

**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: Every five weeks

**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).**

Many students receiving services from SLPS have reached proficient level as measured on the MAP assessments in 03/04 and 04/05. Three of the original schools identified for improvement were removed from the list in phase two made AYP in 05/06