

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:

Sherman CEC (Saint Louis Public Schools)

MAILING ADDRESS:

3942 Flad Ave

CITY: Saint Louis MO 63110

STATE:

ZIP CODE:

PHONE NUMBER:

314 776-2626

FAX NUMBER:

314 776-3978

E-MAIL ADDRESS:

rose.howard@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:**Minimum/maximum numbers:**Minimum number of students required before offering services: 60Maximum number of students to be served at a session (student/tutor ratio): 10**Cost per session:****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