



JANET BARRESI
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION
STATE OF OKLAHOMA

MEMORANDUM

TO: District Superintendent, Principal, or Federal Programs Director

FROM: Gary Hurst, Program Specialist, Videoconference
Supplemental Educational Services

DATE: March 25, 2011

SUBJECT: District Year End Assessment of FY2010-2011 Supplemental Educational
Services Required by No Child Left Behind

As required by the *No Child Left Behind Act of 2001* each state educational agency (SEA) must develop, implement, and report on the standards and techniques for evaluating the quality and effectiveness of supplemental educational services providers.

Please complete the enclosed survey. The District End-Of-Year Report must be returned by Friday, June 24, 2011, to:

Gary Hurst
Program Specialist, Videoconference, Supplemental Educational Services
Oklahoma State Department of Education
2500 North Lincoln Boulevard, Room B-10
Oklahoma City, Oklahoma 73105-4599

For further information, please contact Gary Hurst, at (405) 522-5110, or e-mail Gary_Hurst@sde.state.ok.us.

gjh
Enclosure
cc: State Superintendent Janet Barresi

OKLAHOMA STATE DEPARTMENT OF EDUCATION
Title I Supplemental Educational Services Report
(As authorized by PL 107-110, Title I Part A Section 1116)
No Child Left Behind Act of 2001
2010-2011

District End-Of-Year Report

District			County		
	Name	Code		Name	Code
Phone			Fax		
Contact					
	Type or Print Name			Phone	
Superintendent					
	Signature			Date	

1. Local educational agencies (LEA) must make supplemental educational services (SES) available for eligible students attending schools that do not make adequate yearly progress (AYP) after one year of school improvement (three years of not making AYP). Did your school provide the opportunity for eligible students to obtain supplemental educational services?

Yes No **If no, please list the reason(s):**

2. Please check the method(s) used to inform parents of the availability of supplemental educational services. **Please provide a copy of the letter sent to parents and any additional evidence of providing information about the availability of supplemental educational services.**

- School Letter Parent Meeting Newsletter Brochure Phone calls
- Newspaper Article Public Forum Personal Contacts Other (clarify)

Please submit by Friday, June 24, 2011, to:
Gary Hurst
Program Specialist, Videoconference,
Supplemental Educational Services
Oklahoma State Department of Education
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599

3. Did you enter into an agreement for services with any state approved providers during the 2010-2011 school year?

Yes No (If no, please explain why)

4. Which of the following providers did you enter into agreements with during 2010-2011 school year? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> "A" Positive Future | <input type="checkbox"/> Education Plus |
| <input type="checkbox"/> 100 Scholars | <input type="checkbox"/> EduServ |
| <input type="checkbox"/> 5 Star Learning | <input type="checkbox"/> Elite Kids USA |
| <input type="checkbox"/> A Blessed Child | <input type="checkbox"/> Excel Academics |
| <input type="checkbox"/> A+ Academics | <input type="checkbox"/> Foundations Tutoring |
| <input type="checkbox"/> Abacus In-Home Tutoring Services | <input type="checkbox"/> Grace & Glory Ministries |
| <input type="checkbox"/> Academic Station | <input type="checkbox"/> Helping Hands Tutoring |
| <input type="checkbox"/> Academic Team | <input type="checkbox"/> Huntington Learning Centers |
| <input type="checkbox"/> Accel Online | <input type="checkbox"/> I CAN |
| <input type="checkbox"/> Acceleration Based Basic Education | <input type="checkbox"/> Intervention Child Advocacy Network |
| <input type="checkbox"/> Ace Learning | <input type="checkbox"/> Ivy League Tutor |
| <input type="checkbox"/> Achieve HighPoints | <input type="checkbox"/> Jefferson Learning |
| <input type="checkbox"/> Achievia Tutoring Midwest | <input type="checkbox"/> KJB Learning Services |
| <input type="checkbox"/> Anautics | <input type="checkbox"/> Learn It Systems |
| <input type="checkbox"/> A-Key Tutoring | <input type="checkbox"/> Marcus Garvey Leadership Charter |
| <input type="checkbox"/> ATS Project Success | <input type="checkbox"/> New Horizon Youth & Family Services |
| <input type="checkbox"/> Babbage Net School | <input type="checkbox"/> OCPS-STC |
| <input type="checkbox"/> Benchmark In-Home Tutoring | <input type="checkbox"/> One On One Learning |
| <input type="checkbox"/> Brilliance Academy Of Math And English | <input type="checkbox"/> Our Place Center of Self-Esteem |
| <input type="checkbox"/> Catapult Learning | <input type="checkbox"/> Pathfinder Tutoring Services |
| <input type="checkbox"/> Club Z! Tutoring | <input type="checkbox"/> Phillip Condrey PC Tutoring |
| <input type="checkbox"/> CompassLearning | <input type="checkbox"/> TCY Learning |
| <input type="checkbox"/> Concepts in Counseling | <input type="checkbox"/> Tutoring One |
| <input type="checkbox"/> Confidence Music | <input type="checkbox"/> United Tutoring Services |
| <input type="checkbox"/> Educate Online | <input type="checkbox"/> Victory Diagnostic Learning Center |

5. Please describe the process used to develop the agreement(s).

6. Please describe the process used to monitor the effectiveness of the provider(s).

7. Were there any providers with whom you were unable to develop an agreement following a parental request?

Yes No If yes, please list the provider(s) and reason(s):

8. Complete the table below.

	# of students eligible	# of parents who requested services	# of students not receiving service upon parent request *	# of students who participated	# of students with IEP's who participated	# of Limited English Proficient students who participated	# of students who met their goals	% of students who met their goals	# of students who were identified as making progress	% of students who were identified as making progress
District:										
School Name:										
School Name:										
School Name:										
School Name:										
School Name:										
School Name:										
School Name:										

9. If you had students who did not receive service upon parent request please explain the reason why.

10. What questions, comments, or concerns do you have regarding supplemental educational services?

11. Please complete a District Report on Providers for each provider you entered into an agreement with during the 2010-2011 school year.

District Report on Providers

Please make copies of this form and complete a separate survey for each supplemental service provider with whom the district has contracted.

Name of Provider: _____ District Being Served: _____

A. Please provide the following information regarding the students served by this provider.

Grade Level	# of Students Served	# of IEP Students Served	# of LEP Students Served	% of Students Who Achieved Goals	% of Students Who Made Progress	% of Students Who Showed No Improvement
K						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
TOTAL						

B. What was the average cost per student for this provider's services? _____

C. What was the total amount paid from your district to this provider? _____

D. At what location were these services provided? _____

E. What was the average amount of instructional time provided to each student? _____

F. Please attach a copy of the agreement made between the district and this provider.

G. Rate the performance of this provider in relation to each of the following service elements listed below. If marked “unsatisfactory,” please comment why.

Service Element	Satisfactory	Comments/Remarks
1. Defined specific achievement goals for students receiving supplemental services as outlined in the agreement with the district and parent/guardian	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
2. Constantly monitored the progress of students receiving supplemental services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
3. Provided students with constant, systematic feedback on what they were learning	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
4. Ensured instructors were adequately trained to deliver the supplemental educational services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
5. Provided the district with information on the academic achievement progress of children receiving supplemental services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
6. Provided teachers of students receiving supplemental services with information on their academic progress	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
7. Provided parents with information on the academic achievement progress of their children in a format and language (where practicable) that they could understand	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
8. Ensured that curriculum and instruction provided were consistent with the district's instructional program and state content standards	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
9. Ensured that instructional strategies were of high quality and research based	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
10. Fulfilled all contractual obligations	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
11. Provided services to eligible English language learners, as contracted (if applicable)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
12. Provided services to eligible special education students, as contracted (if applicable)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
13. Ensured that background checks of persons in contact with students were cleared	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	

H. Describe parents', students', and your district's satisfaction or dissatisfaction levels with this provider, based on feedback received during and after service delivery. Please include reasons for the level of satisfaction/dissatisfaction.

1. Parent/Guardian

What is the parents'/guardians' level of satisfaction with this Provider associated with SES?

Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain your reasoning for the Provider's satisfaction level.

2. Student

What is the students' level of satisfaction with this Provider associated with SES?

Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain your reasoning for the Provider's satisfaction level.

3. Would you recommend that the state renew its authorization for this provider?

Yes No If no, why? Please specify.

I. Additional Comments/Recommendations.

Parent Evaluation of Supplemental Educational Services

Directions: Please respond to each section of the evaluation by placing a check in the box for satisfactory or needs improvement.

Student name: _____

Parent name: _____

Supplemental educational service provider: _____

Area of Evaluation	Satisfactory	Needs Improvement
Your child's academic achievement improved as a result of receiving the supplemental services. Comments:		
Your child found the additional help in reading and/or math to be a positive experience. Comments:		
Student progress was reported to you on a regular basis. Comments:		
The staff was qualified and supportive in providing the supplemental services. Comments:		
Additional comments/suggestions:		

Supplemental Educational Services Trend Information

Trend Data For Student Participation	SY 2010-2011
Number of Title I schools required to offer SES in your district	
Number of students <u>who received</u> SES	
Number of students <u>eligible</u> to receive SES <u>When are children eligible to receive supplemental educational services?</u> Students from low-income families who remain in Title I schools that fail to meet state standards for at least three years are eligible to receive supplemental educational services.	
Number of students <u>who applied</u> to receive SES	
Number of students who completed their entire program.	
What was the 2010-2011 allowable per student expenditure amount for SES?	
Total Amount the District Spent on SES	

Thank you for your time and assistance with this process.