



JANET BARRESI
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION
STATE OF OKLAHOMA

MEMORANDUM

TO: Oklahoma Supplemental Educational Services Provider for 2010-2011

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

DATE: March 25, 2011

SUBJECT: SES Provider 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 Oklahoma Supplemental Educational Services Report must be returned by Friday, May 27, 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

Provider Report to State

I. Supplemental Educational Services Provider Information

If you did not provide services in Oklahoma during the 2010-2011 school year, please add your provider name, check here, and submit page 1 only of this form to the address below.

Please make copies of this form and complete a separate survey **for each district** with which you have/had a contract to serve students with Supplemental Educational Services in 2010-2011.

Provider Name: _____

Contact Person: _____

Address: _____

Telephone: _____

Email: _____

District Served: _____

Schools Served in that District: _____

Please return this report **by Friday, May 27, 2011**

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

II. Information Regarding District

1. For the students your program served in this district, what are the number of students who demonstrated progress?

Grade Level	# of Students Served (Total)	# of IEP Students Served	# of LEP Students Served	# of Students Who Achieved Goals	% of Students Who Achieved Goals	# of Students Who Made Progress	% of Students Who Made Progress	# of Students Who Made No Improvement
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
Totals:								

2. For those students who did not achieve their stated goals, explain why this did not happen, either generally or on an individual basis. Attach additional sheets if necessary.

3. Indicate the number of students serviced in each curriculum area in which your organization offered services in this district. Indicate numbers in all that apply.

Reading

Grade Level(s) K _____ 1st _____ 2nd _____ 3rd _____ 4th _____
5th _____ 6th _____ 7th _____ 8th _____ 9th _____
10th _____ 11th _____ 12th _____

Mathematics

Grade Level(s) K _____ 1st _____ 2nd _____ 3rd _____ 4th _____
5th _____ 6th _____ 7th _____ 8th _____ 9th _____
10th _____ 11th _____ 12th _____

4. Indicate the curriculum materials your organization used to deliver supplemental services in this district. Check all that apply. Indicate if the materials were developed by your organization or selected from an already existing source, and describe the materials (e.g., by title and content area). Attach additional sheets if necessary.

5. Planning, Measuring, and Reporting on Progress:

What achievement data did you use to plan, measure, and report on students' progress at the end of the year? Please specify.

6. What were the most challenging issues for your organization of program implementation with this district?

7. What were the most rewarding/helpful aspects of your implementation of services in this district?

8. Additional Comments/Recommendations.

Student Participation	SY2010-2011
Number of Title I schools served by your company to offer SES	
Number of students <u>who received</u> SES with your company	
Number of students <u>who applied</u> to receive SES	
Number of students who completed their entire program.	

Thank you for your assistance with this process.