

APPLICATION FORM

FOR

**SUPPLEMENTAL EDUCATIONAL
SERVICE PROVIDERS**

IN NEBRASKA

Developed by:

Nebraska State Department of Education

NCLB Title I Office

Link to Title I: <http://www.nde.state.ne.us/TITLE1/title1.htm>

September, 2002

APPLICATION FORM FOR SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDERS IN NEBRASKA

Introduction: This *Application Form* is divided into two parts. **Part I** requests **Background Information** from each applicant (e.g., program name, costs, provider contact information, etc.) and **Part II** addresses each of the following indicators of quality for supplemental service providers:

- SSP Effectiveness on Improving Student Performance in Reading and Math;
- Links Between Research & SSP Program Design;
- Connection of SSP Program to State or Local Academic Standards and Districts Instructional Program;
- Monitoring Student Progress;
- Communication with Schools & Districts;
- Communication with Parents and Families;
- Qualifications of Staff;
- Financial and Organizational Capacity;
- Compliance with Federal, State and Local Health & Safety Standards;
- Compliance with Federal, State and Local Civil Rights Protections; and
- Other Considerations Suggested by the SSP.

Evaluation and Monitoring of Providers: The Nebraska Department of Education will *annually* evaluate providers based on reports from parents and the school district. These reports will include achievement data on individual students that were served by the provider. NDE will monitor the quality and effectiveness of the services offered by the provider. *Any provider that fails to increase the academic proficiency of the students they are serving for two consecutive years may be withdrawn from the list of approved providers.*

Instructions: Please review and follow all directions carefully when completing this application. Applications that exceed page limits will not be considered. No supplemental material beyond what is specifically requested in the application will be considered. **If you have any questions, please contact, Cathy Morin, Title I Consultant, in the Nebraska State Department of Education. Phone: 402-471-2482. E-mail: cmorin@nde.state.ne.us**

- SEA formatting requirements (font size – 12 pt., single spaced). Text boxes will enlarge to accommodate text.
- The **deadline** for submitting applications is: **October 15, 2002**
- Completed applications should be:

(a) e-mailed to cmorin@nde.state.ne.us

OR

(b) mailed to: Cathy Morin, Title I Consultant, Nebraska State Department of Education, Title I Office, 301 Centennial Mall South, PO Box 94987, Lincoln, NE 68509-4987

“This Application Form was adapted from the *SEA Toolkit on Supplemental Educational Services*, developed by the Council of Chief State School Officers (CCSSO) and the Education Quality Institute (EQI).”

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Please check one:

- Established, research based program: *Applying for Approval*
 Newly-developed program: *Applying for Year 1 Conditional Approval (See Page 7: Section II – Part A)**

I. BASIC PROGRAM INFORMATION *(LIMIT 2 PAGES)*

1. Program Name	
2. Federal EIN or Social Security Number	
3. Subject Areas Covered	<i>Please list all major subject areas you address in working with students.</i>
4. Date SSP Formed	<i>Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.</i>
5. Grade Levels Currently Served	<i>Please list the grade levels of your students.</i>
6. Grade Levels Able to Serve in 2002-03	<i>Please list the grade levels you would be able to serve in the coming academic year.</i>
7. Number of Students Currently Served	<i>Please provide the number of students you currently serve, by grade level.</i>
8. Maximum Number of Students Able to Serve in 2002-2003	<i>Please provide an estimate of the maximum number of students in this state that you will be able to serve next year while maintaining quality service and results.</i>

<p>9. Service Area</p>	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s):</p> <p>School(s):</p>
<p>10. Geographic Setting</p>	<p><i>Check the setting(s) in which you have provided services to students in the past.</i></p> <p><input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Suburban</p> <p><i>Check the setting(s) in which you are prepared to provide services to students in the future.</i></p> <p><input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Suburban</p>
<p>11. Place of Service</p>	<p><i>Check the location(s) that best describes where you deliver services to students.</i></p> <p><input type="checkbox"/> School <input type="checkbox"/> Business <input type="checkbox"/> Place of religious worship (e.g., church, synagogue, mosque, temple) <input type="checkbox"/> Community center <input type="checkbox"/> Your home <input type="checkbox"/> Student's home <input type="checkbox"/> On-line <input type="checkbox"/> Other: _____</p> <p>Is this location accessible to handicapped individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Specific Student Populations Served</p>	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input type="checkbox"/> Low-income students <input type="checkbox"/> Minority students <input type="checkbox"/> Migrant students <input type="checkbox"/> Limited English proficient students Indicate particular language(s) with which you have expertise _____</p> <p><input type="checkbox"/> Special education students <input type="checkbox"/> Other: (describe) _____</p> <p><i>Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>13. Type of Organization</p>	<p><i>Check the category that best describes your organization.</i></p> <p><input type="checkbox"/> For profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School Entity <input type="checkbox"/> Institution of Higher Education</p> <p>Other (describe) _____</p>
<p>14. Time of Service</p>	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p><input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Weekends <input type="checkbox"/> Summer <input type="checkbox"/> Other: _____</p>
<p>15. Mode of Instructional Delivery</p>	<p><i>Please describe the methods in which your program delivers instruction to students (i.e., on-line/Web-based, individual tutoring, small group instruction, etc.). If on-line/web-based, please describe what provisions will be made for students without access to this service in their homes.</i></p>
<p>16. Student/Instructor Ratio</p>	<p><i>List the ratio of instructors to children in your program.</i> _____ students for every 1 instructor</p>
<p>17. Cost</p>	<p><i>Provide an average per pupil cost, per unit of service (please describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure.</i></p>
<p>18. Transportation</p>	<p><i>Provide information about accessibility to public transportation from your site.</i></p>
<p>19. Provider Contact Information</p>	<p>Contact Person Name: Street Address: City: _____ State: _____ Zip: _____ Phone: () - Fax: () - E-mail: Web site: Hours of operation:</p>

20. Program Description

Provide a very brief (3 sentences maximum) description of your program's offerings that parents could use in their initial search for providers.

Please also indicate which keywords best match your program's offerings:

- Individual tutoring Small group interaction/tutoring
- Math
- Reading Behavior/Discipline
- Motivation English language acquisition

You may suggest additional keywords that might be included in a searchable database of providers:

II. INDICATORS OF QUALITY

The following measures will help the Nebraska State Department of Education determine the quality of services you provide.

A. Evidence of Effectiveness (*Limit 2 pages*)

Provide descriptions of your program's evidence of effectiveness indicators for at least two of the following indicators. Please cite all sources of evidence.

These indicators are listed in order of priority, with strongest consideration given to evidence of positive impact on student achievement on classroom, district, or nationally available tests, particularly for low-income underachieving students. Evidence of positive impact on additional outcomes will also be considered (e.g., school grades, family/parent satisfaction, student discipline, student attendance, and/or retention/promotion rates), as well as provider-conducted studies, database information on student outcomes, and other sources of evidence. However, please note that priority will be given to third-party, independent research (see the U.S. Department of Education Web site on scientifically based research for more guidance:

<http://www.ed.gov/offices/OESE/esea/research/index.html>).

***If yours is a newly-developed program, you will not have a record of effectiveness to draw upon. In this case, you may apply for *conditional approval* (as selected on page 3 of this application). For conditional approval, we will weigh heavily the indicators in Part B. If approved, you would be listed with other new programs that sought "Year 1 Conditional Approval."**

You must provide evidence of effectiveness that fall into at least 2 of the categories below in order to be approved.

1. Provide evidence that your program has a positive impact on student achievement on state, district and/or another independent, valid and reliable performance test, particularly for low income, underachieving students (cite available research studies).
2. Provide evidence that your program has a positive impact on student performance using a measure that is not national or statewide (i.e. a test you developed) OR using school grades, homework completion, or school/teacher administered subject area test (cite available research studies).
3. Provide letters of reference from previous clients (families, schools, districts, students, teachers, etc.) offering testimonial information on the positive impact of your program. Provide contact information, start and end dates of service provided, and school and school district name for each reference. (Submit a minimum of 5 letters and a maximum of 10).
4. Provide additional evidence of improved outcomes, such as student attendance, retention/promotion rates, graduation rates, family/parent satisfaction, and/or student behavior/discipline (cite available research studies).

B. Evidence of Links Between Research & Program Design *(Limit 1 page)*

Your application in this area will be evaluated based on the extent to which you are able to clearly and specifically explain how the key instructional practices and major design elements of your program are (1) high quality, (2) based on research, and (3) specifically designed to increase student academic achievement in reading and mathematics.

For SSPs that offer reading instruction, the findings of the National Reading Panel (<http://www.nationalreadingpanel.org/>) must to be addressed by the program design.

1. Explain the theoretical and empirical rationale behind major elements of your program (research citations must be included). Examples of “major elements” may include mode of instruction, class size, time on task, etc.

C. Connection to State (Leading Educational Achievement through Rigorous Nebraska Standards) - L.E.A.R.N.S. or Local Academic Standards *(Limit 1 page)*

Your application in this area will be evaluated based on the extent to which you are able to clearly and specifically describe your program’s connection to state (L.E.A.R.N.S.) or local academic standards and districts instructional programs. Your description should address both of the following indicators.

link to Web version of state standards: <http://www.nde.state.ne.us/AcadStand.html>

1. Describe your program’s connection to specific state (L.E.A.R.N.S.) or local academic standards. When possible cite the specific standards your program addresses.
2. Describe your program’s connection with the instructional programs of the districts in which you intend to operate. Cite the specific district programs and describe the connection.

D. Monitoring Student Progress *(Limit 1 page)*

Your application in this area will be evaluated based on the extent to which you clearly describe the specific programs and practices you use to diagnose a student's needs, prescribe an instructional program to meet that student's needs, and evaluate and monitor student's progress towards clearly identified goals. Your description should address all three of the following indicators.

1. Describe the specific process you use to assess/diagnose student needs, identify skill or knowledge gaps, and prescribe an instructional program based on the student's individual needs.
2. Describe the specific process you use to evaluate, monitor, and track student progress on a continuous and regular basis.
3. Describe how you develop a timetable for each student's achievement gain that includes clear goals for the student.
4. Describe the specific procedures (i.e. personal contact, phone) you use to report on student progress to your students' classroom teacher(s).

E. Communication with Schools and Districts *(Limit 1 page)*

Your application in this area will be evaluated based on the extent to which you can demonstrate a clear link between the academic program that a student experiences in the regular school day and the instruction and content of the supplemental educational program you provide. Clearly explain the specific methods, tools, and processes you use to communicate student progress to schools and describe how you ensure a connection between the school program and your own services. Your description should address both of the following indicators.

1. Describe how you ensure a connection between your instructional program and the program in place at the your students' school(s). If your program differs from the district's prevailing instructional or curricular approach, explain why it differs and how it meets student academic needs.
2. Describe the specific procedures you use to report on student progress to your students' teacher(s) and appropriate school or district staff (be sure to state how often you use this procedure).

F. Communication with parents and families (*Limit 1 page*)

Your application in this area will be evaluated based on the extent to which you can demonstrate a consistent and specific process for providing parents and families of your students with information on the progress of their child in increasing achievement, and providing that information in a format and language that parents can understand. Clearly explain what methods, tools, and processes you use to communicate student progress to your students' parents and families. Your description should address at least two of the following indicators.

1. Describe the specific procedures you use to report on student progress to your students' parents/families (be sure to state how often you use this procedure).
2. Describe your services to parents and how you involve parents in creating a timetable/goals for their child's academic progress.
3. Describe how you work to accommodate the needs and schedules of working parents.
4. Describe your process for resolving any disputes or conflicts you or your staff may have with parents.
5. Are parents required to participate in the service you provide? If yes, describe their expected role and how you work with parents to explain this role.
6. Do you train staff to work with parents? If yes, please describe this training (include an explanation of the content, to whom and when it is offered).
7. Are you able to provide information to parents and families in languages other than English? If so, which languages?

G. Qualifications of Instructional Staff (*Limit 1 page*)

Your application will be evaluated based on the extent to which you offer strong evidence of highly qualified staff and have demonstrated a commitment to ongoing professional development and improvement of your own products and services.

You may use the following as sources of evidence:

- ✓ The amount and quality of training provided to program staff;
- ✓ Years and level of work experience, particularly in working with Title I students;
- ✓ Highest degree attained; and/or
- ✓ Certification of staff.

If you employ fewer than 5 staff members, please submit a resume for each staff member (outlining employment experience, professional development experiences, and professional affiliations).

Your description should address at least two of the following indicators.

1. Describe your staff qualifications to provide high quality supplemental services (see instructions above for a list of possible evidence of staff qualifications).
2. Describe your (and/or your staff's) experience in working with Title I students.
3. Describe professional development you (and/or your staff) attend to improve your instruction, products, and services (include an explanation of the content, to whom and when the training is/was offered).
4. Describe your process for recruiting and hiring high quality staff, offering ongoing training opportunities, and regularly reviewing staff performance.

H. Financial and Organizational Capacity (*Limit 1 page*)

Your application will be evaluated based on the extent to which you offer strong evidence of your capacity to deliver quality services over time.

You may use the following as sources of evidence:

- ✓ Copies of business license or formal documentation of legal status with respect to conducting business in the state (and districts, if applicable);
- ✓ Contracts, warranties, or guarantees for services provided;
- ✓ Proof of liability insurance (company name and policy number, or a copy of the policy cover page);
- ✓ A description of how the provider currently receives funds (i.e. grants, fees-for-service, etc.);
- ✓ Audited financial statements;
- ✓ Credit ratings from an independent rating agency;
- ✓ Business plans or profiles that might include: goals, timelines and expected outcomes; detailed action steps; descriptions of financial and staff resources; organizational budgets that account for revenues and expenses and cash flow activity; and outlines of roles and responsibilities of staff within the organization.
- ✓ Descriptions of an experienced management team (e.g. CEO, CFO, COO, Marketing Director, Director of Staff Development, etc.) and senior staff members who help set direction and maintain a leadership system.
- ✓ Samples or descriptions of formal contract, data collection, accounting, and communications processes and systems.

Your description should address point 1 below (financial stability) and at least one additional indicator from this category.

1. Submit evidence demonstrating that your organization is financially sound. Your evidence may include: a description of how you currently receive funds (i.e. grants, fees-for-service, etc.); audited financial statements; credit ratings from an independent rating agency; organizational budgets that account for revenues, expenses and cash flow activity; and/or proof of liability insurance (include company name and policy number, or a copy of the policy cover page).
2. Submit evidence demonstrating that your organization has a sound management structure. Your evidence may include: business plans or profiles; descriptions of an experienced management team (e.g. CEO, CFO, COO, Marketing Director, Director of Staff Development, etc.) and senior staff members who are involved in setting direction and maintaining a leadership system that enables your students to reach high standards.
3. Submit evidence demonstrating that your organization possesses adequate organizational resources to meet consumer demand. Your evidence may include: business plans or profiles, descriptions of financial and staff resources.
4. Do you issue contracts, warranties, or guarantees for services provided? If yes, please describe this process and submit a sample document.
5. Do you maintain formal contract, data collection, accounting, and communications processes and systems? If yes, please describe these systems.
6. Submit copies of business license or formal documentation of legal status with respect to conducting business in the state.

I. Compliance with Federal, State and Local Health & Safety Standards (*Limit ½ page*)

Your application will be evaluated based on the extent to which you comply with federal, state and local health and safety standards. Your description should address all of the following indicators.

1. Do you conduct criminal background checks on all employees before hiring? (Check one.)
 Yes No
2. Describe and submit a copy of all required licenses and/or certifications for health and safety.
3. Describe your safety record and procedures.
4. Describe the location and environment in which your services are provided.

J. Compliance with Federal, State and Local Civil Rights Protections (*Limit ½ page*)

Your application will be evaluated based on the extent to which you comply with federal, state and local civil rights protections for program employees *and* participants. It should be noted that providers who are religiously affiliated are prohibited from refusing to hire otherwise qualified tutors or denying students who are not of that religion. SSPs must ensure that instruction is secular, neutral and non-ideological. Your description should address all of the following indicators that apply.

1. Submit evidence demonstrating that your organization complies with federal, state and local civil rights protections for your employees.
2. Submit evidence demonstrating that your organization complies with federal, state and local civil rights protections for its students.
3. Submit an assurance that your organization offers instruction that is secular, neutral and non-ideological.
4. If you intend to provide services to students with disabilities, submit evidence demonstrating that your organization complies with IDEA and ADA requirements.

K. Other Considerations. (Limit ½ page)

If you have other considerations you would like NDE to review when considering your application, please provide them in no more than ½ page of text. This section is optional.

Optional: Please summarize additional considerations in no more than ½ page of text.

L. Narrative Description of Program (Limit 2 pages)

Please summarize your program in a narrative form that can be used to market your service to schools, parents or districts. All items in this narrative should have been provided to NDE for evaluation purposes in the various sections above.

Narrative descriptions should include a description of:

- ✓ Your approach or model of instruction;
- ✓ How student needs are assessed/diagnosed, skill gaps are identified, and how an instructional program/intervention is prescribed based on the student's individual needs;
- ✓ How services offered will help Title I students improve their achievement;
- ✓ Staff training;
- ✓ The program facilities/equipment, including technology, computers and software;
- ✓ Instructional materials provided (and those the student is required to provide, if any);
- ✓ Specific strategies used to work with parents/families;
- ✓ Specific strategies used to work with school personnel; and
- ✓ Specific strategies to evaluate program effectiveness.

Please summarize your program in a narrative form.