



APPLICATION FOR SUPPLEMENTAL SERVICE PROVIDERS
 DEPARTMENT OF PUBLIC INSTRUCTION
 TITLE I
 SFN 53440 (4-08)

RETURN TO:
 Department of Public Instruction
 Title I Office
 600 E Boulevard Avenue, Dept. 201
 Bismarck, ND 58505-0440

I. Basic Program Information

1. Program Name and Contact Information of Supplemental Service Provider (SSP)

Program Name		Contact Person Name		
Street Address		City	State	Zip
Telephone	Fax	E-Mail Address		
Website Address		Days and Hours of Operation		

2. Subject Areas Covered

Please list all major subject areas you address in working with students.

3. Date SSP Formed

Please list the date (month, year) on which you first delivered supplemental educational services to students.

4. Grade Levels Currently Serviced

Please list the grade levels of students currently in your program.

5. Grade Levels Able to Service

Please list the grade levels you would be able to serve in the coming academic year.

6. Number of Students Currently Served

Please provide the number of students you currently serve, by grade level.

7. Maximum Number of Students Able to Serve

Please provide an estimate of the maximum number of students in North Dakota that you will be able to serve next year while maintaining quality service and results.

8. Service Area

Please list the district(s) in which you are able to provide services.

Please list the school(s) in which you are able to provide services.

9. Geographic Setting

Check the setting(s) in which you have provided services to students in the past.

- Urban Rural

Check the setting(s) in which you are prepared to provide services to students in the future.

- Urban Rural

10. Place of Service

Check the location(s) that best describes where you deliver services to students.

- | | |
|---|--|
| <input type="checkbox"/> School | <input type="checkbox"/> Your home |
| <input type="checkbox"/> Business | <input type="checkbox"/> Student's home |
| <input type="checkbox"/> Place of religious worship (e.g., church, synagogue, mosque, temple) | <input type="checkbox"/> On-line |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Other (describe): |

11. Specific Student Population Served

If your organization has provided supplemental services to any of the following groups, please check the corresponding box.

- | | |
|--|---|
| <input type="checkbox"/> Low-income students | <input type="checkbox"/> Migrant students |
| <input type="checkbox"/> Minority students | <input type="checkbox"/> Special education students |

- Limited English proficient students

If yes, indicate particular language(s) with which you have expertise:

- Other (describe):

Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise with these subgroups.

12. Type of Organization

Check the category that best describes your organization.

- | | |
|--|--|
| <input type="checkbox"/> For profit | <input type="checkbox"/> School entity |
| <input type="checkbox"/> Not for profit | <input type="checkbox"/> Institution of higher education |
| <input type="checkbox"/> Other (describe): | |

13. Time of Service

Check the time(s) that best describe when you deliver services to students.

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Before school | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> After school | <input type="checkbox"/> Summer |
| <input type="checkbox"/> Other (describe): | |

14. Mode of Instructional Delivery

Please describe the methods your program uses to deliver instruction to students (i.e., on-line or web-based, one-on-one tutoring, small group instruction).

15. Length of Instructional Delivery

Please describe the amount of time students spend in your program on an hour's per week basis. Explain any minimum or maximum time limits. If time is variable by student, explain how time is determined.

16. Program Exit

If students are exited from the program, explain how readiness for exit is determined.

17. Student/Instructor Ratio

List the ratio of instructors to children in your program.

18. Cost

Provide a specific description of your pricing structure.

19. Transportation

Provide information about accessibility to public transportation from your site.

20. Program Description

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

Please also indicate which keywords below best match your program's offerings (you may check more than one):

- | | |
|--|---|
| <input type="checkbox"/> Individual tutoring | <input type="checkbox"/> Math |
| <input type="checkbox"/> Small group instruction | <input type="checkbox"/> Behavior/discipline |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Motivation |
| | <input type="checkbox"/> 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 State Department of Education determine the quality of services you provide.

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

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 state, district or another nationally available test, 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.

You must provide evidence of effectiveness for all 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 five letters and a maximum of ten).
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 two pages)*

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.

For SSPs that offer reading instruction, the findings of the National Reading Panel (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.
2. Specifically explain how your reading program aligns to scientifically-based reading research, as identified by the National Reading Panel.
3. Explain the research base behind the instructional program of any other content areas where students may receive supplemental services.

C. Connection to State Academic Standards and District(s) Instructional Program(s) *(Limit two pages)*

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 academic standards and district(s) instructional program(s).

The ND State Standards and Benchmarks are available for download at www.dpi.state.nd.us/standard/content.shtm.

Your description should address BOTH of the following indicators.

1. Describe your program’s connection to specific state academic standards. When possible cite the specific standards your program addresses.
2. Describe your program’s connection with the instructional program(s) of the district(s) in which you intend to operate. Cite the specific district program(s) and describe the connection.

D. Monitoring Student Progress *(Limit two pages)*

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.

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

Your application in this area will be evaluated based on the extent to which you can demonstrate a clear link between the academic programs 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 student's 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 one 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 five 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? Please describe.

G. Qualifications of Instructional Staff *(Limit one 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 all 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 one 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 and at scale.

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 district(s), 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?
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.

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 the SEA 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 two 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 the SEA 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's effectiveness.

Please summarize your program in a narrative form.

Please Note: This application 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).

III. Assurances

By checking each item, the supplemental services provider agrees to comply with the following assurances:

- The provider will provide parents of children receiving supplemental education services under Public Law 107-100, Section 1116(e) and the appropriate LEA with information on the progress of the children in increasing achievement in a format and, to the extent practicable, a language that the parents can understand.
- The provider will respect the confidentiality of students in the program and share information on the student only with appropriate school personnel and parents.
- The provider will meet all applicable federal, state, and local health, safety, and civil rights laws.
- The provider will ensure that all instruction and content offered in the supplemental services program offered through Public Law 107-110, Section 1116(e) are secular, neutral, and non-ideological.
- The provider is financially sound and will be able to provide complete services to the student and the school.
- The provider will collaborate with the local school to assure the instructional program is aligned to the student's regular school day and is assisting students in reaching the state's high academic content standards.
- The provider has liability insurance.
- The provider will provide copies of background checks of all employees/tutors to school districts, if requested.

Signature	Title	Date
-----------	-------	------