

Department of Public Instruction
Dr. Wayne G. Sanstead, State Superintendent
600 E. Boulevard Ave., Dept. 201
Bismarck, ND 58505-0440

Supplemental Services Evaluation and Reporting Requirements

Schools are required to conduct an evaluation process to identify how the implementation of the supplemental services provision went during the school year. Identify specifically what worked well and what needs to be revised for next year.



The following three reports must be submitted to the Department of Public Instruction Title I office by June 30:

- Annual Report for Program Improvement (SFN 52820), which collects information on program improvement. It also includes three pages pertaining to supplemental services.
 - Supplemental Services Data Collection
 - Parent Survey – Feedback on providers utilized
 - School District Supplemental Services Provider Evaluation – Evaluates each provider that was utilized

- Supplemental Services Provider Annual Report (SFN 54254) – Measures student progress if they participated in supplemental services

- Addendum to the Title I Final Financial Report for Supplemental Service

Part IX – Supplemental Services Provision (School, if applicable)

Briefly describe the mechanism that you used to inform parents of the supplemental services provision during the 2010-2011 school year.

	Number
2. Number of schools in your district who had to participate in supplemental services.	
3. Number of times each school notified parents of the option for students to participate in supplemental services.	
4. Number of students who indicated an interest in enrolling in supplemental services.	
5. Number of students who participated in supplemental services. (Please note, if zero (0) students received supplemental services, questions 6a, 6b, and 6c must be completed.)	

6a. Please describe the school's beliefs as to why no students participated in supplemental services.

6b. Describe, in detail, what the school has done to encourage parents to enroll their students in supplemental services.

6c. Please attach and label the notifications sent to parents regarding the option for students to participate in supplemental services. (Please note, schools are to send multiple—three or more—notifications.)

7. List each state-approved supplemental services provider that was utilized by students in your school district.

8a. Did more students indicate an interest in participating in supplemental services than you had funds to pay for services? Yes No

8b. If yes, what fair and equitable criteria did you use to determine which students were the lowest achieving and would receive priority for the supplemental services?

9a. Did you provide transportation for supplemental services? Yes No

9b. If so, what funds were used to cover the transportation expense?

10. Please identify and explain any troubles or difficulties you had working with the state approved providers.

11. The district was required to set-aside a portion of its Title I allocation to support supplemental services. Did the actual implementation of supplemental services use the entire set-aside amount, or did the district have to reallocate these funds? Please explain.

Part IX – Supplemental Services Provision (School, if applicable)

Parent Survey

Name of Supplemental Services Provider
Number of children in your family who participated in supplemental services <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Children's grades <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
I assist my child(ren) with his/her homework <input type="checkbox"/> Yes <input type="checkbox"/> No
I attended meetings with the supplemental services provider <input type="checkbox"/> Yes If yes, how many? <input type="checkbox"/> No
I attended the school's parent/teacher conferences <input type="checkbox"/> Yes <input type="checkbox"/> No

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The supplemental services provider communicated regularly with me on my child's academic progress in the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I know how well my child is progressing with this provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child learned a lot by participating in this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. This provider matched its instruction to what my child needed to succeed in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My child's school and this provider worked well together, for the benefit of my child's learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The provider was available for questions and to discuss concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. A time table was developed and adhered to..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Lessons were consistently geared to my child's academic needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The staff employed by this provider seemed qualified to provide instruction to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt my child was in a safe and healthy environment as he/she participated in this provider's services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, rate your level of satisfaction with this provider	Low 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> High 5 <input type="checkbox"/>
Explain	Comments

Part IX – Supplemental Services Provision (School, if applicable)

School District Supplemental Services Provider Evaluation

Please make copies of this form and complete a separate form for each supplemental service provider that was utilized.

Section A.

School District		
District Contact for Supplemental Services	Title	
Position	Telephone	E-mail Address
Provider Name		

Section B. Evidence of Effectiveness

For the students served by this provider, what are the results of these services as reported by the provider?

Grade Level	# of Students Served	% of Students Who Made Academic Progress	% of Students Who Completed Full Cycle of Services	% of Students Who Experienced Other Positive Educational Impacts*

*Includes attendance rate increases, fewer disciplinary incidents, homework completion improvement, etc.

Section C. Required Supplemental Services Programmatic Parts

Program Requirements	Rate of Performance	Comments
1. The supplemental services instruction was clearly based on research proven method of raising academic achievement.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
2. Instruction was clearly aligned to North Dakota standards and benchmarks.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
3. Supplemental Services instruction was aligned to district instructional programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
4. Students were assessed on a regular basis AND assessments were used to prescribe appropriate instruction.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
5. The provider had a specific timetable for each student to identify goals for student progress. The timeline was used to measure success of the program.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
6. The provider regularly reported student progress to the students' classroom teacher(s). Information was regularly reported to appropriate district staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
7. The provider regularly reported student progress to the students' parents.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
8. Supplemental services provider staff were appropriately qualified and adequately trained to deliver supplemental services.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
9. The provider met important health and safety standards and civil rights protections.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
10. The provider met all terms outlined on the Supplemental Services Provider Agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	

Part IX – Supplemental Services Provision (School, if applicable)

School District Supplemental Services Provider Evaluation

Section D. School Recommendations

1. Based on your work with this provider, would you recommend that the State renew authorization to this provider and allow it to remain on the Supplemental Services approved provider list for an additional two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there any other information that you can share with us that will help us determine the effectiveness of this supplemental services provider? Please submit attachments, if necessary.	



SUPPLEMENTAL SERVICES PROVIDER ANNUAL REPORT
 DEPARTMENT OF PUBLIC INSTRUCTION
 TITLE I
 SFN 54254 (4/08)

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

Name of Provider	Date
Provider Address	Provider Telephone Number
Provider Contact Person	School Year

Please complete A-F for each student who has received Supplemental Services from your organization.

A. Student Identification Number	A. Student Identification Number
B. District Name	B. District Name
C. Dates of Service	C. Dates of Service
D. Pre Test Results (Give test name and scoring information)	D. Pre Test Results (Give test name and scoring information)
E. Post Test Results (Give test name and scoring information)	E. Post Test Results (Give test name and scoring information)
F. Summary of academic progress of students	F. Summary of academic progress of students

A. Student Identification Number	A. Student Identification Number
B. District Name	B. District Name
C. Dates of Service	C. Dates of Service
D. Pre Test Results (Give test name and scoring information)	D. Pre Test Results (Give test name and scoring information)
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F. Summary of academic progress of students	F. Summary of academic progress of students

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C. Dates of Service	C. Dates of Service
D. Pre Test Results (Give test name and scoring information)	D. Pre Test Results (Give test name and scoring information)
E. Post Test Results (Give test name and scoring information)	E. Post Test Results (Give test name and scoring information)
F. Summary of academic progress of students	F. Summary of academic progress of students

Summary of services for school year
Total number of students who requested services
Total number of students who completed full duration of the program
Total number of students who made academic progress

Please make as many copies of this report as you need to complete information for all students who received services.

North Dakota Department of Public Instruction

Addendum to the Title I Final Financial Report Supplemental Services

This report must be completed for school districts that set aside funds for supplemental services during the school year. On this form, please indicate the amount of funds in object code 300 that were used for supplemental services. Please submit the program ledger to verify amounts.

School District	School Year
Number of children eligible (free/reduced students) to receive Supplemental Services	Number of children that were actually served with Supplemental Services
	Per pupil amount for Supplemental Services

If the district did not use the funds set aside for supplemental services, and instead reobligated them to another Title I activity, please list the dates that budget revisions were approved to move these funds from object code 300.

Object Number	Category		Amount Budgeted	Total Expenditures	Balance Remaining
100	Salaries	110	Professional Salary		
		120	Non-Professional Salary		
200	Benefits				
300	Purchased Professional and Technical Services				
430	Maintenance of Equipment				
580	Travel				
600	Material and Supplies				
730	Equipment				
800	Dues, Memberships, Registration Fees				
900	Indirect Costs				
	Unobligated				
Total					

Certification:

I certify to the best of my knowledge and belief that this report is correct and that all expenditures are for the purposes set forth in the Application for Supplemental Services.

Signature of Title I Authorized Representative	Date
Signature of Business Manager	Date

For Department Use Only	
Signature-Coordinator	Date
Signature-Director	Date