

Supplemental Educational Services District Coordinator Questionnaire

Please complete this survey for each SES provider that served students in your district this year.

District Name:

Name of Person Completing Survey:

Provider Name:

Subjects in which services were provided: Math Language Arts Uncertain

1. This provider communicates with me:

Monthly Quarterly Semi-annually Annually Not at all

2. This provider meets its obligations for conducting tutoring sessions:

Frequently Occasionally Not at all Unsure/Don't Know

3. This provider communicates with teachers:

Frequently Occasionally Not at all Unsure/Don't Know

4. This provider communicates with parents:

Frequently Occasionally Not at all Unsure/Don't Know

5. This provider adapted its tutoring services to this district's curriculum.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. This provider aligned their services with state and local standards.

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. I believe the services offered by this provider positively impacted student achievement.

Strongly Agree Agree Neutral Disagree Strongly Disagree

8. Overall, I am satisfied with the services of this provider

Strongly Agree Agree Neutral Disagree Strongly Disagree

9. Please add any specific comments you have about this provider: