



# Wyoming Department of Education

## SES Provider Survey

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**1. Please take a moment to provide us the requested information. This information is being collected in order to improve the delivery of Supplemental Education Services to Wyoming students.**

Your Name: \_\_\_\_\_

Name of SES Provider: \_\_\_\_\_

**2. Has the provider entered SES data onto the 2010-2011 SES Provider Report?**

Yes

No

**3. If the answer to the above question was 'yes,' was the report sent to the WDE?**

Yes

No

**4. If you answered 'no' to question 2 or 3, please describe any obstacles that you experienced that prevented you from entering the data.**

**5. If you answered 'no' to questions 2 or 3, please indicate when you plan to enter the data on the Provider Report that has no been entered.**

**6. In the process of evaluating SES in Wyoming, we would like to know about your experiences as a provider in the state of Wyoming. First, we are interested in learning about factors that either inhibit or facilitate your ability to offer services to students that ask for your services. Second, we are particularly interested in factors that increase (or fail to increase) student academic achievement. This is a chance for your voice to be heard.**