# PART ONE – General Information

## SECTION I – Provider Information

1. Provider Name:
2. Federal EIN or Social Security Number:
3. Type of Provider: (Check “X” one)

[ ] 21st Century Centers

[ ] Charter school

[ ] Child care center

[ ] College, Two-year

[ ] College/University, Four-year

[ ] Community agency

[ ] Educational Service Center

[ ] Even Start program

[ ] Faith-based organizations

[ ] Family literacy program

[ ] Individual

[ ] Library

[ ] On-line

[ ] Private company, for profit

[ ] Private school

[ ] Public school (non-charter)

[ ] Public school district

[ ] Other (please describe):

1. Contact Person
	* + - 1. First Name:
				2. Last Name:
				3. E-mail:
				4. Phone Number:
				5. Fax Number:
2. Date (Month/Year) the organization was formed:
3. Number of Years in Service:
4. Has your company (or a subsidiary) ever been an approved provider for the state of WY?

[ ] No

[ ] Yes, under the name:

1. Has your company (or a subsidiary) ever been removed as an approved provider from WY or another state?

[ ] No

[ ] Yes, please provide the state and reason for removal:

## SECTION II – Description of Provider’s Geographic Service Area

1. Main Office Location
	1. Address:
	2. City:
	3. State:
	4. ZIP:
2. Will a branch office(s) be providing services:

[ ] No

[ ] Yes, list locations (Address, City, State, and ZIP):

1. Service Area: Please indicate which Wyoming district(s) you are able to provide services. (Please note, refusing to provide services in the Wyoming school districts specified here will result in removal from Wyoming’s Approved SES List)

[ ] All Wyoming Districts

[ ] Only in the following specific Wyoming school districts:

1. Place of Service: Check the location(s) that best describes where you deliver services to students.

[ ] Business

[ ] Community Ctr.

[ ] Library

[ ] On-line

[ ] School

[ ] Site owned or operated by a faith-based organization (e.g., church, synagogue, mosque, temple)

[ ] Student’s home

[ ] Other, please describe:

1. Can Transportation be provided?

[ ] No

[ ] Yes, radius or description of area:

## SECTION III – Provider Academic/Instruction Information

1. Program Description: Indicate the keywords that best match your program offerings.

[ ] Reading

[ ] Mathematics

[ ] English language acquisition

[ ] Other, please describe:

1. Grade Levels Served: Check all that apply.

[ ] K–3

[ ] 4-6

[ ] 7-8

[ ] 9-12

1. Minimum Number of Students - Complete only if a minimum number of students must enroll before services can be provided to a school/district. Please provide minimum number of students and reasoning:
2. Student Populations: Check the boxes for all student groups your organization is prepared to serve.

[ ] Students with special needs (IDEA or 504)

[ ] Students with limited English proficiency – please indicate language:

\* If you indicate that you can provide services for students with special needs or students with Limited English Proficiency, please describe below the methods you will utilize to meet the needs of these students:

1. Time of Service: Check the time(s) that best describe when you will deliver services.

[ ] Before school

[ ] After school

[ ] Weekends/ school holidays

[ ] Summer

1. Provide a 3-5 sentence description of your program that will assist parents in their initial search for a provider:
2. Student/Instructor Ratio:
3. Describe the total number of hours tutoring will be provided (e.g. 40 hours) :
4. Describe the length of time you estimate your program will operate (e.g. 15 weeks):
5. Describe how your program will operate (e.g. 60 minutes three times a week):
6. Mode of Instructional Delivery (Check “X” all that apply):

[ ] Computer/On-line

[ ] One-to-one instruction with instructor

[ ] Small group instruction with instructor (student/tutor ratio is 2-5:1)

[ ] Large group instruction with instructor (student/tutor ratio is 6-8:1)

1. Method and Frequency of Communication with Parents:
2. Method and Frequency of Communication with School:

## SECTION IV – Provider Fees

Provide a specific description of the pricing structure for your company: (If price is varied, please indicate what a typical contract would include, for example, “Price varies, but typical program includes 10 weekly sessions”)

# PART TWO – Academic Information

## SECTION I – Evidence of Effectiveness in Improving Student Academic Achievement

[NCLB Section 1116(e)(4)(B)]

Clearly indicate whether you are applying as a newly created organization OR as an established organization. Please note, any organizations that have previously provided tutoring to youth (whether SES or non-SES) should apply as existing organizations:

[ ] Established organizations: The applicant must provide a demonstrated record of effectiveness in raising student achievement in English/language arts, Mathematics, or both areas. This section MUST include the following: (1) Empirical or statistical evidence of significant improvement in student academic achievement in either English/language arts, Mathematics, or both over time as a result of provider services. Where appropriate, this response should include clearly labeled tables/graphs/charts that depict the academic improvement of students. (2) A description of the methodology used to collect this evidence (measures and analysis used).

[ ] Newly created organizations: Since a demonstrated record of effectiveness cannot be established, the applicant must provide the following: (1) A description of the anticipated levels of achievement expected from proposed SES tutoring, including rationale for the anticipated levels. (2) The methodology that will be used to collect evidence related to student achievement to demonstrate effectiveness.

1. Empirical or statistical evidence of significant improvement in student academic achievement (for established organizations) OR anticipated levels of achievement (for newly created organizations):

1. Methodology:

## SECTION II - Documentation of High Quality Curriculum and Instructional Strategies

[NCLB Section 1116(e)(12)(C)]

1. Describe your tutoring program and explain the research upon which your program is based. Include all necessary research citations.
2. Describe the curriculum used by your program.
3. Describe the instructional methods that are used to implement the curriculum described in number 2.
4. Describe the direct link between your program’s elements (e.g., curriculum, instructional methods, length, and number of sessions, class size, lesson plans, etc.) and increased student achievement. Include all necessary research citations.
5. Provide a detailed description of a one-hour module of tutoring. This section should include a detailed sample lesson plan and materials for a one-hour module of tutoring. Additionally, the sample lesson plan should refer to the components of the curriculum (described in number 2) used during this sample lesson.

## SECTION III - Wyoming State Academic Standards and Local District Instructional Programs

[NCLB Sections 1116(e)(5)(B) and 1116 (e)(12)(C)]

Wyoming's Academic Standards: <http://edu.wyoming.gov/in-the-classroom/content/common-core/>

1. Describe the ways in which your program’s curriculum and instructional methods directly connect to Wyoming Academic Standards, especially those for English/Language Arts and Mathematics. Provide examples of specific standards your curriculum and lessons address. Be sure to include exact standard citations.
2. Describe how you have established or plan to establish connections with the academic programming of the district(s) in which you intend to operate. a) Cite the specific district curriculum or instructional methods to which your program connects, and b) Describe how your organization plans to build relationships with district staff including district central office staff, principals, and teachers.

## SECTION IV - Student Assessment and Goal Setting

[NCLB Section 1116(e)(3)(A)]

1. Describe a typical learning goal for a student (e.g., students who complete 40 sessions will gain one-half of a grade level equivalency as measured by the MAP Assessment) and explain the method and reasoning behind your organization’s goal setting.
2. Describe how you have worked or plan to work with district staff and parents to ensure that individual student goals are measurable, feasible, and individually appropriate.
3. Name and describe the standardized assessment that will be used to pre-test students to diagnose and assess student needs and to post-test students to measure growth. Provide a description of why this assessment was selected and evidence that this assessment is an appropriate and valid measure for your programming.
4. Describe how the selected assessment connects to PAWS as a measure of a student’s mastery of Wyoming Academic Standards.

## SECTION V - Assessment of Progress and Reporting Information

[NCLB Sections 1116(e)(3)(A) and 1116(e)(3)(B)]

1. Describe the process used to develop an individualized instructional program based on each student's individual needs with clear goals and a timetable for achievement gains. This section must include a description of how the standardized test described in Section IV will be used as part of the program development process.
2. Individualized instruction - If you plan to operate as a small or large group program (i.e., with a student/tutor ratio of greater than 1:1), describe how tutoring will be individualized based on student needs and the program developed for each student even in the small or large group, as well as the ways in which tutors will adjust each student’s programming based on student progress, OR if you plan to operate as a one-to-one program, describe how you will adjust instruction periodically based on each student’s level of progress toward academic goals.
3. Describe the specific procedures, including the timeline and frequency of reporting, to be used in reporting student progress to all of the following: parents, teachers, and local school district staff.
4. Describe your progress report and include an actual sample progress report.
5. Explain how you will maintain compliance with confidentiality precautions as set forth in NCLB and FERPA in your progress reporting.

## SECTION VI - Qualifications of Instructional Staff

[NCLB Section 1119]

1. Describe your staff’s qualifications to provide high quality supplemental services. Descriptions of staff qualifications MUST include a description of degrees and/or certifications necessary to become a tutor.
2. Describe how your staff qualifications are appropriate for your program (e.g., how will staff with these qualifications enable your program to improve student academic achievement?).
3. Describe your process for recruiting and retaining high quality staff.
4. Describe your process for regularly reviewing staff performance.
5. List and describe the professional development opportunities tutors attend. In addition, explain how these opportunities directly improve the instruction and services offered by staff (e.g., how will each opportunity enable tutors to help students improve academic achievement?).

## SECTION VII - Student Safety

[NCLB Section 1116(e)(5)(C)]

1. Criminal background checks
	* + - 1. Do you conduct criminal background checks on all employees before hiring?
				2. Please, describe the process and/or system used to conduct checks.
				3. Describe the process used to ensure the accuracy of background checks submitted (e.g., is the spelling of the employee’s name, date of birth or social security rechecked once the background check is returned your organization?).
2. Describe your organization’s policies concerning student safety, which MUST include policies regarding student drop-off/pick-up, transportation (if applicable), evacuation plans, disciplinary action, emergency notification, and any other applicable policies. In addition, please attach copies of these policy documents.

## SECTION VIII - Compliance with Federal, State, and Local Health, Safety, and Civil Rights Laws

[NCLB Section 1116(e)(5)(C)]

1. Submit evidence demonstrating that your organization complies with federal, state, and local civil rights protections for employees and students (e.g., a description of hiring procedures, documents that include the organization’s non-discrimination policy, etc.).
2. If you intend to provide services to students with disabilities, submit evidence demonstrating that your organization complies with IDEA and ADA requirements.

## SECTION IX - Evidence That the Provider is Financially Sound

[NCLB Section 1116(e)(12)(B)]

Public providers, including school corporations, political subdivisions, state-supported higher education institutions, and other state agencies are exempt. Private providers must provide fiscal documentation for verification.

All Organizations:

1. Submit evidence that verifies funds from providing Supplemental Educational Services will NOT be your organization’s sole source of income.
2. Submit proof of liability insurance (include a copy of the policy cover page which should include company name and policy number).
3. Submit a copy of a notarized business license or formal documentation of legal status with respect to conducting business in Wyoming.

AND

1. Existing Organizations (in operation for 1 or more years) please submit a copy of one of the following sources of evidence of financial soundness:
	1. Audited financial statements or other comparable documents of financial viability such as financial letters of credit.
	2. A copy of the organization's tax return for the past two years.
2. New Organizations (in operation for less than 1 year) submit a description of how your business currently receives or plans to receive funds (e.g., grants, fees-for service, etc.).

## SECTION X - Advertisement and Incentives

[USDOE Non-regulatory Guidance, Section B (B-3)]

1. How is information about your program advertised? If applicable, submit any advertising documentation (e.g., brochures, fliers, radio spots, etc.).
2. Describe the process for participant recruitment.
3. Describe your organization’s incentive policy:
	* + - 1. What types of incentives are offered?
				2. How are rewards earned? How is information concerning incentives shared with parents?

# Assurances and Signatures Form

In submitting this application to be included in the Wyoming Department of Education approved Supplemental Services Provider List, I certify that:

1. The organization has presented information in this application in a factual manner. No information in the application has been falsified, exaggerated, or misrepresented.
2. This organization meets all applicable federal, state, and local health, safety, and civil rights laws.
3. If approved as an SES provider, the organization will conduct its program in the manner it has described in its approved application.
4. All individuals who will interact with students are fingerprinted and background checked pursuant to Wyoming Statute 21-7-401.
5. All instruction and content are secular, neutral, and non-ideological.
6. All eligible children whose parents request services from the organization will be served equally, without restriction.
7. The organization will not disclose to the public the identity of any student eligible for or receiving Supplemental Educational Services without the written consent of the parent.
8. The organization is financially stable and will be able to complete services to the student and the school.
9. If approved as an SES provider the organization will begin to offer services on or before November 1st.
10. If approved as an SES provider, the organization understands that approval does not constitute a guarantee of employment, payment, or funding. The organization further understands that if approved, payment will be provided by eligible school districts through a contractual arrangement only for services rendered for eligible students.
11. The organization will not apply additional admission criteria to eligible students.
12. The organization will participate in any and all data reporting and evaluation activities as requested or required by the U.S. Department of Education, the Wyoming Department of Education, and the school district with which the organization is contracted. This section includes participation in monitoring and evaluation processes.
13. The organization will adhere to the Education Industry Association (EIA) Code of Professional Conduct and Business Ethics for Supplemental Educational Services Providers found as Appendix B in this application packet. Organizations do not have to be members of EIA, but will adhere to this organization’s Code of Ethics if becoming an approved provider in Wyoming.
14. The organization will be removed from the state approved list of providers in the event that it is unable to enact the elements described in the application.

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Signature of Applicant and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_