Kansas State Department of Education
Title I Supplemental Educational Services (SES)
Provider Data Survey 2010-2011

FOR SES PROVIDERS

Due Date: June 10, 2011

Return by email to:

LaNetra Guess
Title Programs & Services Team
Kansas Department of Education

Phone: (785) 296-8965
Email: Lguess@ksde.org

I. Supplemental Service Provider Information

Please make copies of this form and complete a separate survey **for each district** with which you have/had a contract to serve students with SES in 2010-2011.

Provider Name: _____

Contact Person: _____

Address: _____

Telephone: _____

Email: _____

_____ Check here if no Kansas schools were served in 2010-2011 and email page 1 only to my attention.

District Served: _____

Schools Served in that District: _____

_____

II. Information Regarding District

1. For the students your program served in this district, what are the percentages of students who demonstrated progress?

Grade level	**# of Students Served**	**# Students with disabilities Served**	**# of English language learners (ELL) Students Served**	**% of Students Who Achieved Goals**	**% of Students Who Made Progress**	**% of Students Who Showed No Improvement**
Kindergarten						
1st						
2nd						
3rd						
4th						
5th						
6th						
7th						
8th						
9th						
10th						
11th						
12th						
	TOTAL	**TOTAL**	**TOTAL**	**TOTAL**	**TOTAL**	**TOTAL**

2. <u>Measuring Progress:</u>
   What achievement data did you use to measure student progress? Please specify.

   ☐ Kansas State Assessment System related data
   (Specify)
   ☐ Reading ☐ Writing ☐ Math ☐ Science

☐ Use of local district or school academic achievement data
(Specify) _____

☐ Teacher/district input
(Specify) _____

☐ Provider posttest (developed by the provider/district)
(Specify) _____

☐ Use of other standardized tests
(Specify) _____

3. For those students who did not achieve their stated goals, explain why this did not happen.

_____
_____
_____
_____

4. Indicate the number of students serviced in each curriculum area in which your organization offered services in this district. Indicate numbers in all that apply.

Grade level	Reading	Writing	Mathematics	Science
Kindergarten				
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				
9th				
10th				
11th				
12th				

5. Indicate with a “Yes” or “No” your organizations compliance with the components.

Components	Check compliance for each component. Give supporting comments in the “Comments/Remarks Section.”	
	Compliance	**Comments/Remarks**
1. Did you define specific achievement goals for students receiving supplemental services as outlined in an agreement with the district and parent/guardian?	☐ Yes ☐ No ☐ N/A	
2. Did you constantly monitor the progress of students receiving supplemental services?	☐ Yes ☐ No ☐ N/A	
3. Did you provide students with constant, systematic feedback on what they were learning?	☐ Yes ☐ No ☐ N/A	
4. Were the instructors adequately trained to deliver the supplemental educational services?	☐ Yes ☐ No ☐ N/A	
5. Did you provide the district with information on the academic achievement progress of children who received supplemental services?	☐ Yes ☐ No ☐ N/A	
6. Did you provide teachers of students receiving supplemental services with information on their academic progress?	☐ Yes ☐ No ☐ N/A	
7. Did you provide parents with information on the academic achievement progress of their children in a format and language (where practicable) that they could understand?	☐ Yes ☐ No ☐ N/A	
8. Was the curriculum and instruction provided consistent with the district’s instructional program and state content standards?	☐ Yes ☐ No ☐ N/A	

Components	Check compliance for each component. Give supporting comments in the "Comments/Remarks Section."	
	Compliance	**Comments/Remarks**
9. Were the instructional strategies used of high quality and research-based?	☐ Yes ☐ No ☐ N/A	
10. Did you fulfill all contractual obligations with this district?	☐ Yes ☐ No ☐ N/A	
11. Did you provide services to eligible English Language Learners, as contracted (if applicable)?	☐ Yes ☐ No ☐ N/A	
12. Did you provide services to eligible students with disabilities, as contracted (if applicable)?	☐ Yes ☐ No ☐ N/A	
13. Did you implement safety measures by either doing background checks or using some other monitoring system of your instructors?	☐ Yes ☐ No ☐ N/A	

6. What were the most challenging issues for your organization in implementation with this district?

_____
_____
_____
_____

7. What were the most rewarding aspects of your implementation of services in this district?

_____
_____
_____
_____

8. Any additional comments or recommendations?

_____
_____
_____