



Montana
Office of Public Instruction
Denise Juneau, State Superintendent

**Montana Office of Public Instruction
Supplemental Educational Services
Monitoring Report
2014-15**

According to the ESEA/NCLB Act of 2001, the Montana Office of Public Instruction (OPI) is required to publicly report on the standards and techniques for monitoring the effectiveness of the programs offered by approved Supplemental Educational Service providers and to post this report each year. *[Section 1116(e) (4) (D); 34 C.F.R. §200.47(a) (4)]*

The process for the evaluation is as follows. First, a survey is sent out to districts that have students eligible for services. Next parents and students receiving services are asked to complete a survey on their provider. The attached paper survey forms at the end of this report represent the actual data requested and questions asked in the electronic survey that is used by the OPI to assist us in evaluating SES programs. These electronic surveys are given to the districts and providers so that district/school staff, parents, and students have an opportunity to give the OPI input for program assessment. Documentation is also requested from the provider to show the academic improvement or lack of improvement from students receiving services. Finally, providers are asked to update their programmatic information.

After this data is gathered, the OPI reviews the information and determines whether or not the SES provider has obtained a satisfactory or unsatisfactory rating. Providers that receive an unsatisfactory rating are given one year to correct any deficiencies to their program or risk being dropped from the Approved Provider list. Also any comments for improvement to a provider are given to the company to assist in program enhancement.

This year the OPI removed two providers that did not return the data request form. One provider was dropped for fraud, and two voluntarily ended services. Providers who were dropped for not returning the data request forms will not be allowed to reapply to become an approved provider until the 2016-17 school year. The provider removed for fraud is permanently banned. The providers were informed that a second request for data would not be sent. No providers were dropped this year for not serving any students over the past three years.

In the table below are the names, numbers of students served, and ratings and statuses of each approved SES providers for the 2014-15 academic year:

Provider Name	2014-15 Rating	Retained/Dropped
+ Reading and Writing Specialists	Satisfactory	Retained
1:1 Online Tutoring Service	Unsatisfactory	Dropped-fraud
Academia.net, LLP	Satisfactory	Retained
Achieve High Points (by Datamatics, Inc.)	Satisfactory	Retained
Anytime Tutoring	N/A	Dropped-no response
Arrowhead Tutoring	N/A	Retained
Columbia Falls Public Schools	Satisfactory	Retained
Club Z! In-Home Tutoring Services, Inc.	Satisfactory	Retained
Digital Network Group	Satisfactory	Retained
Educate-Empower-Succeed, LLC	Satisfactory	Retained
EDUSS Learning	N/A	Dropped-no response
Friendship House of Christian Service	Satisfactory	Retained
Great Falls Public Schools	Satisfactory	Retained
Helena Public Schools	Satisfactory	Retained
Huntley Project Schools	Satisfactory	Retained
Laurel Public Schools	Satisfactory	Retained
Learn-It-Systems, LLC	N/A	Dropped-by choice
Libby K-12 Schools	Satisfactory	Dropped-by choice
Lockwood Public Schools	Satisfactory	Retained
Mobile Minds Tutoring	Satisfactory	Retained
Northern Winds Recovery Center	Unsatisfactory	Retained
One on One Learning	Satisfactory	Retained
Studentnest, Inc	Satisfactory	Retained
Sylvan Learning Center (Billings)	Satisfactory	Retained
Sylvan Learning Center (Bozeman)	N/A	Closed
Sylvan Learning Center (Butte)	Satisfactory	Retained
Sylvan Learning Center (Helena)	Satisfactory	Retained
Sylvan Learning Center (Missoula)	Satisfactory	Retained
Tutorial Services	Satisfactory	Retained
Wyola Schools	Satisfactory	Retained

District SES Data 2014-15

District	#students beginning SES	#students completed SES	Amount of \$ spent on SES	# hours for SES
Anaconda EL	44	31	\$64,950.00	1350
Anaconda HS	6	4	\$6,660.00	135
Arlee EL	22	8	\$35,829.00	796
Arlee HS	1	1	\$2,241.00	38
Billings EL	436	311	\$506,108.00	10,122
Billings HS	11	3	\$10,422.00	208
Bozeman EL	14	5	\$9,315.00	202
Bozeman HS	3	0	\$1,558.00	31
Browning EL	16	9	\$20,570.00	322
Browning HS	3	2	\$4,036.00	62
Butte EL	24	21	\$28,618.00	681
Butte HS	1	0	\$1,500.00	20
Columbia Falls EL	31	20	\$16,800.00	607
Columbia Falls HS	0	0	\$0.00	0
DeSmet EL	10	5	\$22,860.00	558
Flathead HS	0	0	\$0.00	0
Great Falls EL	155	21	\$91,606.00	2157
Great Falls HS	47	7	\$28,448.00	934
Hardin EL	28	6	\$38,930.00	796
Hardin HS	5	0	\$3,695.00	82
Harlem EL	0	0	\$0.00	0
Harlem HS	1	1	\$1,222.00	23
Helena EL	43	36	\$46,900.00	1128
Helena HS	12	8	\$12,500.00	273
Hellgate EL	34	25	\$48,069.00	1234
Huntley Project EL	1	1	\$285.00	20
Huntley Project HS	0	0	\$0.00	0
Kalispell EL	6	3	\$5,980.00	132
Laurel EL	171	165	\$29,114.00	2414
Laurel HS	26	24	\$2,313.00	116
Libby EL	23	20	\$26,772.00	1372
Libby HS	0	0	\$0.00	0
Lockwood EL	65	56	\$25,000.00	102
Missoula EL	15	12	\$16,950.00	481
Missoula HS	16	9	\$15,524.00	360

District SES Data 2014-15 Continued...

District	#students beginning SES	#students completed SES	Amount of \$ spent on SES	# hours for SES
Morin EL	3	3	\$6,195.00	128
Ronan EL	36	15	\$65,570.00	1195
Ronan HS	3	1	\$1,967.00	65
Stevensville EL	3	3	\$3,699.00	99
Wyola EL	24	23	\$17,623.00	134
Totals	1339	859	\$1,219,829.00	28377

Montana Office of Public Instruction
Supplemental Educational Services (SES) Provider Evaluation
FOR DISTRICTS

PLEASE SUBMIT BY June 6, 2015

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PO Box 202501
Helena, MT 59620-2501
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I. Background Information

District Being Served: _____

Date: _____

District Contact Person: _____

Address: _____

Telephone: _____

E-mail: _____

Summer Contact Info: _____

Please make copies of this form and complete a separate survey **for each supplemental service provider** with whom the district has contracted.

Name of SES Provider: _____

II. Information Regarding Provider

A.

Grade Level	# of Students Served	# of Special Ed Students Served	# of LEP Students Served	% of Students Who Achieved Goals	% of Students Who Made Progress	% of Students Who Showed No Improvement

B. Rate the performance of this Provider in relation to the following service elements listed below. If marked "unsatisfactory," please comment why.

Service Element	Rate Provider's Performance in Relation to Each Service Element	
	Satisfactory	Comments/Remarks
1. Defined specific achievement goals for students receiving supplemental services as outlined in the agreement with the district and parent/guardian	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
2. Monitored the progress of students receiving supplemental services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
3. Ensured instructors were adequately trained to deliver the supplemental educational services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	

Name of SES Provider: _____

Service Element	Rate Provider's Performance in Relation to Each Service Element	
	Satisfactory	Comments/Remarks
4. Provided the district with information on the academic achievement progress of children receiving supplemental services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
5. Provided teachers of students receiving supplemental services with information on their academic progress	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	

Service Element	Rate Provider's Performance in Relation to Each Service Element	
	Satisfactory	Comments/Remarks
6. Provided parents with information on the academic achievement progress of their children in a format and language (where practicable) that they could understand	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
7. Ensured that curriculum and instruction provided were consistent with the district's instructional program and state content standards	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
8. Ensured that instructional strategies were of high quality and research-based	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
9. Fulfilled all contractual obligations	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
10. Ensured that safety measures were put in place by either doing background checks or some other monitoring system	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	

Name of SES Provider: _____

Below describe parents', students', and your district's satisfaction or dissatisfaction levels with this Provider, based on feedback received during and after service delivery. Please include reasons for the level of satisfaction/dissatisfaction.

1. **District**

What is the district's overall level of satisfaction with this Provider associated with SES?

Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain your reasoning for the Provider's rating.

2. Would you recommend that the State renew its authorization for this provider?

- Yes
- No, please specify why.

C. Additional Comments/Recommendations

Thank you for your time and assistance with this process.

TO BE COMPLETED BY THE PARENT

SUPPLEMENTAL EDUCATIONAL SERVICES
 PROVIDER REPORT CARD

SES Provider:

This information is extremely helpful to the State Title I office as we work with districts to have high quality providers of Supplemental Educational Services. Your feedback is critical in helping us to do that. If you could take a few minutes to complete this brief report card, it would be beneficial for our office. Please return to your school district office by May 31, 2014. If you have questions about this information, please call this office at 406-444-3083. Thank you for your time.

Description/Identification of Report Card Item	Scale				
	P o o r	Good			E x c e l l e n t
1. My child made progress on his/her goals.	1	2	3	4	5
2. I feel that my child found the additional support in reading and/or math to be a positive experience.	1	2	3	4	5
3. I was informed regularly about my child's progress.	1	2	3	4	5
4. I feel that the tutor was qualified to provide the support to my child that was needed.	1	2	3	4	5
5. I feel that the tutor was supportive of my child and sensitive to my child's needs.	1	2	3	4	5
6. My child enjoyed their experience with the tutor.	1	2	3	4	5
7. I am confident that my child benefited from this experience.	1	2	3	4	5
8. The services were convenient.	1	2	3	4	5
9. I am confident that my child was well taken care of while in the program.	1	2	3	4	5
10. I would place my child with this provider again.	1	2	3	4	5

Other comments:

TO BE COMPLETED BY THE STUDENT

SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDER REPORT CARD

SES Provider:

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Description/Identification of Report Card Item	Scale				
	P o o r	Good			E x c e l l e n t
11. I made progress on my goals.	1	2	3	4	5
12. I feel that the additional help in reading and/or math to be a positive experience.	1	2	3	4	5
13. I was informed regularly about my progress.	1	2	3	4	5
14. I feel that the tutor was qualified to provide the help that I needed.	1	2	3	4	5
15. I feel that the tutor was supportive of my needs.	1	2	3	4	5
16. I enjoyed my experience with the tutor.	1	2	3	4	5
17. I am confident that I benefited from this tutoring.	1	2	3	4	5
18. The services fit into my personal schedule.	1	2	3	4	5
19. I am confident that I will remember what I learned.	1	2	3	4	5
20. I would work with this tutor again.	1	2	3	4	5

Other comments:
