



Montana  
**Office of Public Instruction**  
Denise Juneau, State Superintendent

**Montana Office of Public Instruction  
Supplemental Educational Services  
Monitoring Report  
2015-16**

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.

School year 2015-16 is the last year for SES in the state of Montana as provided for under the ESEA/NCLB Act. On December 15, 2015, the Every Student Succeeds Act (ESSA) was passed and signed into law. Under the ESSA there is no provision for SES, however, the ESSA does not go into effect until the 2017-18 school year. States were given the option of either continuing SES for one more year or coming up with an alternate plan to support students who would have been eligible to receive these services. Montana decided to develop an alternative plan for school year 2016-17. Under this alternative plan, districts must develop some sort of tutoring program for student who would have been eligible SES, properly fund it, and evaluate the effectiveness of the program.

In the table below are the names, numbers of students served, and ratings and statuses of each approved SES providers for the 2015-16 academic year:

## 2015-16 District SES Report

District	#students beginning SES	#students completed SES	Amount of \$ spent on SES	# hours for SES	Academic Growth of Students in SES
Anaconda	47	28	\$75,716.75	1554	80%
Arlee EL	DNP	DNP	DNP	DNP	DNP
Arlee HS	DNP	DNP	DNP	DNP	DNP
Billings EL	DNP	DNP	DNP	DNP	DNP
Billings HS	DNP	DNP	DNP	DNP	DNP
Bozeman EL	11	4	\$3,625.00	75	DNP
Bozeman HS	DNP	DNP	DNP	DNP	DNP
Browning EL	DNP	DNP	DNP	DNP	DNP
Browning HS	DNP	DNP	DNP	DNP	DNP
Butte EL	60	49	\$70,451.00	1744	DNP
Columbia Falls	40	25	\$15,473.80	1025	DNP
DeSmet EL	10	8	\$14,370.00	439	100%
Flathead HS	DNP	DNP	DNP	DNP	DNP
Great Falls EL	256	34	\$72,320.00	3223	DNP
Great Falls HS	134	4	\$26,159.00	2189	DNP
Hardin	12	10	\$13,921.70	214	DNP
Harlem	1	1	\$700.00	12	DNP
Helena EL	DNP	DNP	DNP	DNP	DNP
Helena	DNP	DNP	DNP	DNP	DNP
Hellgate EL	39	29	\$54,195.00	1377	DNP
Huntley Project	1	1	\$903.21	50	65%
Kalispell	DNP	DNP	DNP	DNP	DNP
Laurel	32	30	\$25,182.00	460.5	DNP
Libby	DNP	DNP	DNP	DNP	DNP
Lockwood	58	52	\$33,194.00	50	9%
Lodge Grass	5	3	\$7,153.00	38	DNP
Missoula EL	9	7	\$10,125.00	270	DNP
Missoula HS	15	8	\$12,603.00	319	DNP
Morin EL	3	3	\$6,552.00	132	0%
Ronan EL	92	46	\$54,500.00	1505	10%
Stevensville EL	3	2	\$1,827.00	46	DNP
Wyola	27	27	\$7,047.00	243	DNP
<b>Totals</b>	<b>855</b>	<b>371</b>	<b>\$506,018.46</b>	<b>14965.5</b>	

## 2015-16 SES Approved Provider Ratings

Provider	Satisfactory	Unsatisfactory	N/A
<b>+ Writing and Reading Specialists</b>	X		
<b>1 in Learning Online, LLC</b>		X	
<b>Academia.net, LLP</b>		X	
<b>Achieve High Points</b>			X
<b>Arrowhead Tutoring</b>			X
<b>Belgrade Public Schools</b>			X
<b>Bozeman Public Schools</b>	X		
<b>Club Z! In-Home Tutoring Services, Inc.</b>	X		
<b>Columbia Falls Public Schools</b>	X		
<b>Digital Network Group/ KP Scholars</b>			X
<b>Educate • Empower • Succeed, LLC</b>	X		
<b>Eduwizards</b>			X
<b>Friendship House of Christian Service</b>	X		
<b>Great Falls Public Schools</b>			X
<b>Helena Public Schools</b>	X		
<b>Huntley Project Schools</b>	X		
<b>Laureate Learning Center/On the Third Day Christian Ministries</b>			X
<b>Laurel Public Schools</b>	X		

<b>Lockwood Public Schools</b>	<b>X</b>		
<b>Mobile Minds Inc</b>			<b>X</b>
<b>Northern Winds Recovery Center</b>			<b>X</b>
<b>One on One Learning</b>	<b>X</b>		
<b>Professional Tutors of America, Inc.</b>			<b>X</b>
<b>Ronan School District</b>	<b>X</b>		
<b>Studentnest, Inc.</b>		<b>X</b>	

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

PLEASE SUBMIT BY June 6, 2015

Jack O'Connor  
SES Coordinator  
Montana Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501  
E-mail: [joconnor2@mt.gov](mailto:joconnor2@mt.gov) Tel: 406-444-3083, Fax: 406-444-3924

**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

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**Thank you for your time and assistance with this process.**

TO BE COMPLETED BY THE PARENT

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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:

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# TO BE COMPLETED BY THE STUDENT

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## 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
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:

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