INTRODUCTION AND INSTRUCTIONS

INTRODUCTION

Under Section 1116 - Academic Assessment and Local Educational Agency and School Improvement of the No Child Left Behind Act (NCLB), Subpart (e) Supplemental Educational Services, a State Educational Agency has among its duties the responsibility to:

(D.) develop, implement, and publicly report on standards and techniques for monitoring the quality and effectiveness of the services offered by approved providers under this subsection; and for withdrawing approval from providers that fail, for two (2) consecutive years, to contribute to increasing the academic proficiency of students served under this subsection as described in subparagraph (B).

Under the Regulations of the Commissioner of Education for the State of New York, local educational agency responsibilities include contacting SES providers selected by the parents and entering into a contractual agreement with each such provider that includes:

a requirement that the SES provider submit to the Title I LEA, annually on or before September 30, a final written report in a form prescribed by the Commissioner…
(8 NYCRR § 120.4(f)(8)(xvi))

Additionally, the LEA shall:

submit to the State Education Department, annually on or before October 31, a monitoring report of supplemental educational services provided during the preceding academic year, in a form prescribed by the commissioner, together with a copy of each provider’s report prepared pursuant to subparagraph (8)(xvi) of this subdivision.
(8 NYCRR § 120.4(f)(11))

As part of its responsibility for meeting these requirements, The New York State Education Department has created a reporting form called, “Summary Report of Supplemental Educational Service Providers,” which is to be completed by each LEA from data provided to them by SES providers with whom they have signed agreements.

As stipulated in Commissioner's Regulations, LEAs must submit their reports annually to NYSED no later than October 31, 2012.
## Overview of Form Parts

| Part A: | critical contact information including the name and address of the reporting school district or Local Educational Agency (LEA); the name and title of the person completing the report; and information on how to reach that person. **Reminder for 2011-2012: Information on SES expenditures is required.** |
| Part B: | a statistical summary for the reporting period. The numbers provided in this section of the report are for the reporting period only (Sept. 1, 2011 - August 31, 2012) and include: |
| Part C: | a "Performance Summary" report for each SES provider under contract or agreement with the District/LEA during this reporting period. |
| Part D: | an "Authorization/Assurance Form" for each SES provider under contract or agreement with the District/LEA during this reporting period. **This form must be signed by the SES Provider authorized Representative.** |
| Part E: | an "Authorization/Assurance Form" for the District / LEA. |

### Special Note:

**In New York City:** Each community school district must submit a completed "Summary Report of Supplemental Educational Services Providers" for its specific community school district to the New York City Department of Education. The New York City Department of Education must submit a completed "Summary Report of Supplemental Educational Services Providers," containing aggregate information from all of the community school districts in addition to the separate reports completed by each community school district, to the New York State Education Department.

Completed reports are to be mailed to:

NYS Education Department  
Title I School and Community Services  
Attn: Leon Hovish, Program Associate  
EBA – 365A  
89 Washington Avenue  
Albany, New York 12234

Reports may also be sent by e-mail to:  
LHovish@mail.nysed.gov

Questions regarding this survey may be sent to the e-mail address above or by calling 1-(518)-473-0295. An electronic copy of this form may be obtained by going to the following NYSED Title I SES website:  

Revised July 2012
INSTRUCTIONS

District/LEA/Charter School LEA Responsibilities

The District/LEA collects and assembles information and prepares an overview report for the State of New York (beginning with Part A and Part B). Reminder for 2011-2012: Additional data submission technical assistance instructions are included in an addendum to this form on page 13.

In Part E: District/LEA Authorization/Assurance Form, the District/LEA uses information provided by the SES Provider; information from the contracts/agreements it has negotiated with each State-approved SES Provider; and periodic progress reports. Each SES provider is required to submit to the LEA, teacher(s) and parent(s) of the child being served, a complete "Part D: District/LEA Authorization/Assurance form" on each SES Provider that is providing services in the District/LEA. In addition, the District/LEA, from its records, will report the number of complaints (if any) registered by parents or other parties and any known violations of the SES Provider’s signed assurances related to health, safety, civil rights, etc., or the specific terms of the SES Provider’s agreement with the District/LEA.

SES Provider Responsibilities

Each SES Provider providing services in the District/LEA collects and assembles information and prepares and submits a report to the District/LEA. This report includes: Part C: Summary Performance Information, which must be completed for each SES provider operating under contract or agreement with the District/LEA during the reporting period and a completed Part D: SES Providing Authorization/Assurance Form. This form must be signed by the provider’s authorized representative.

Part C: Performance Summary of Supplemental Educational Services (SES) Provider requires the following information:

- Basic contact information including the organizational or entity name of the provider; the address and telephone number; and the name of the SES contact person, supervisor or party responsible for overseeing the services and the school year services were provided.

- Row #1 – reflects the total number of students from the District/Charter School enrolled by the SES provider during the reporting period.

- Row #2 – captures the number of eligible students who completed the SES provider services; reached the end of the SES agreement period; or are still enrolled as of August 31, 2011.

- Row #3 – reflects number of eligible students served by the provider during this period who are Limited English Proficient (LEP) or English Language Learners (ELL).

- Row #4 – reflects the total number of eligible students served by the provider during this period who are students with disabilities as well as the number of students with disabilities served who were classified as IDEA/Special Education or Section 504.
• Row #5 – reflects the number of students who left or terminated service with the SES Providers before the term of the Agreement ended or the academic goals in the Agreement had been met by the student. An explanation for each termination must be provided.

• Row #6 – captures the total number of complaints (verbal, written) the provider has received from parents, teachers, administrators or other sources concerning the performance of the SES Provider during the reporting period.

• Row #7 - indicates that eligible LEP/ELL students received appropriate services and language accommodations.

• Row #8 – indicates that eligible students with disabilities under IDEA received appropriate service and/or accommodations.

• Row #9 – indicates that eligible students with disabilities under Section 504 received appropriate service and/or accommodation.

• Row #10 – from reports provided the District/LEA by the SES provider as part of each student’s contract/agreement, the District/LEA will determine if at least 80% of the students served or being served by the provider have met their academic goals by the end of the reporting period (August 31).

• Row #11 – from reports provided to the District/LEA by the SES provider as part of each student’s contract/agreement, the District/LEA will determine whether or not the SES provider met the academic goals within the timelines established in the contract/agreement for at least 80% of the students served by the end of the reporting period (August 31).

• Row #12 – based on the terms of the contract/agreement with the SES provider and other available information the services provided by the SES provider are consistent with the instructional practices and content used by the District/LEA.

• Row #13 – based on the District/LEA’s contract with the SES provider, the contract/agreement negotiated with the provider; the progress report submitted by the SES provider and other appropriate sources the respondent will check either Successful or Unsuccessful to indicate the provider’s services were aligned with State standards in English Language Arts (including Reading) and/or Math.

• Row #14 – based on the terms of the contract/agreement and a review of the SES provider’s progress reports to the District/LEA, teachers and parents the respondent will check whether or not the provider has satisfactorily met the requirement.

• Row #15 – notices were to be provided in a format and, to the extent feasible, in a language that could be understood by parents. The respondent will indicate whether this was done satisfactorily or not.

• Row #16 – the respondent will check whether or not the provider has maintained the confidentiality requirement of the students being served. Any single incident of a provider failing to maintain student confidentiality will result in an unsatisfactory rating.
• Row #17 – based on the terms of the contract/agreement with the provider, and to the extent practicable through reports, observations, etc., the respondent will indicate whether or not the provider has, at a minimum, a New York Certified Teacher supervising the academic services being delivered.

• Row #18 – based on the terms of the contract/agreement; reports and observations; feedback from parents, teachers, and other sources, the respondent will determine whether or not the provider has adhered to all the signed assurances in their application to become a State approved SES provider including assurances related to federal/state and local health, safety and civil rights requirements. Any violation of assurances or suspected violation of assurances by an SES provider should be reported immediately to the State Title I office. Any single violation of assurances will result in an unsatisfactory rating.

• Row #19 – based on the negotiated contract/agreement, the examination of curriculum/instructional materials, reports from teachers, parents, and others the respondent will determine whether or not the provider is using secular, neutral, non-ideological materials or instructional content.
Thus, a packet of materials that an LEA might submit for Providers "Alpha," and "Beta" might look as follows:

**Part E:**
Authorization/Assurance (completed by LEA)

**Part D:**
Authorization/Assurance (Completed by Beta)

**Part C:**
Performance Summary (Completed by Beta)

**Part E:**
Authorization/Assurance (completed by LEA)

**Part D:**
Authorization/Assurance (Completed by Alpha)

**Part C:**
Performance Summary (Completed by Alpha)

**Part B:**
Summary Data for the Reporting Period

**Part A:**
District/LEA Contact Information

Three Parts required for Provider Beta:
Part C and D from Beta
Part E from LEA

Three Parts required for Provider Alpha:
Part C and D from Alpha
Part E from LEA

Only one Part A & B required per LEA
2011-2012 SUMMARY REPORT OF SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDERS

PART A
District/LEA/Charter School LEA Contact Information
(To be completed by each District/LEA/Charter School LEA)

Name of Reporting School District: ______________________________________________________

BEDS Code and County: ________________________________________________________________

Address: __________________________________________________________________________

City/Zip Code: ________________________________________________________________________

Name of Person Completing Report: _____________________________________________________

Title: _______________________________________________________________________________

Address (if different from above): _______________________________________________________

Telephone Number: ___________________________________________________________________

Fax Number: _________________________________________________________________________

E-Mail Address: ______________________________________________________________________

Additional Information

Along with the report, please attach the following:

• A copy of the letter sent by the District/LEA to the parents of children eligible to receive SES.

• A completed sample copy of a District/LEA Service Agreement/Contract for each SES provider delivering services in the District/LEA. Since these contracts/service agreements will be for individual students receiving SES, confidential student information may be blacked out.

• The names and addresses of a sample of parents whose children received SES during this reporting period (no more than 100).

• **Reminder for 2011-2012:** On Page 8, Items 10 & 11 list the total amount of funds expended in 2011-2012 on SES and indicate the funding source(s). SES can be funded from Title I, Part A (including School Improvement Grant funds), from State/Local funds or a combination of sources. If funding came from more than one source indicate the amount expended from each source.
PART B
A Statistical Summary of SES Activities in the District/LEA/Charter School LEA
(To be completed by the District/LEA/Charter School LEA)

Period of September 1, 2011 – August 31, 2012

1.) Number of public schools in the District/LEA: ______________

2.) Number of public schools in the District/LEA required to offer SES during this reporting period: ______________

3.) Number of requests by eligible students for SES received by District/LEA during this reporting period: ______________

4.) Number of requests by eligible students for SES that the District/LEA could not meet during this reporting period: ______________

5.) Number of SES providers contracted by the District/LEA that provided services during this period: ______________

6.) The total number of students eligible to receive SES services in the District/LEA during this reporting period: ______________

7.) The total number of students who enrolled with SES providers in the District/LEA during this reporting period: ______________

8.) The total number of students completing the terms of their SES contract during this reporting period: ______________

9.) The total number of enrolled students who began services but did not complete their contracts (Ex. were terminated, left (formally or informally), dropped out, transferred etc.) ______________

10.) The total dollar amount (Rounded) expended on SES by the District/LEA in 2011-12. ______________

11.) Indicate the funding sources (ex. Title I-A, Title I-A-ARRA, School Improvement, State/Local Funds) and their amounts. ______________
2011-2012 SUMMARY REPORT OF SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDERS

PART B (CONTINUED)
A Statistical Summary of SES Activities in the District/LEA/Charter School LEA
(To be completed by the District/LEA/Charter School LEA)

Period of September 1, 2011 – August 31, 2012

Supplemental Educational Services Information by School In the District/LEA
(Re-produce this page as needed)

<table>
<thead>
<tr>
<th>Name of School Required to Offer SES</th>
<th>Number of Eligible* Students in the School</th>
<th>Number of Eligible Students in the School who Enrolled in SES this Reporting Period</th>
<th>Number of Eligible ELL/LEP Students in the School Classified as ELL or LEP</th>
<th>Number of Eligible Students in the School Classified as Students with Disabilities Enrolled in SES this Reporting Period</th>
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</table>

*Eligible students are the total number of students in a school in accountability, required to offer SES, that receive Free and/or Reduced Price Lunch (FRPL) assistance or in the case of schools without a FRPL program, use the FRPL family income guidelines to determine high poverty students and their families.
### Performance Summary of Supplemental Educational Services (SES) Provider

(To be completed by each SES Provider functioning within the District/LEA/Charter School LEA)

#### Name of SES Provider:

#### Provider Address:

#### Provider Telephone Number:

#### Provider Contact Person:

#### E-mail:

#### School Year:

#### LEA served:

**Instructions:** "Successful" is defined throughout this part as 100% success. If “Unsuccessful” is checked, attach an explanation. Refer to pages 3-5 of this form for assistance in filling out these items.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Successful</th>
<th>Unsuccessful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Number of eligible students from the Local Educational Agency (LEA) enrolled by SES Provider this period.</td>
<td></td>
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<td>2.</td>
<td>Number of students who completed SES Provider services as of August 31.</td>
<td></td>
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<tr>
<td>3.</td>
<td>Number of eligible students served by the SES Provider this period who are Limited English Proficient (LEP)/English Language Learners (ELL).</td>
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<td>4.</td>
<td>Number of eligible students served by SES Provider this period who are students with disabilities (SWD).</td>
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<tr>
<td>5.</td>
<td>Number of students who left (including students who enrolled but never started, terminated, or otherwise did not complete service with the SES Provider (attach appropriate explanation(s)).</td>
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<tr>
<td>6.</td>
<td>Number of complaints filed with the SES Provider by parents or others</td>
<td></td>
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<tr>
<td>7.</td>
<td>Eligible LEP/ELL students received appropriate services and language assistance (if none were served, check N/A).</td>
<td>Successful</td>
<td>Unsuccessful</td>
</tr>
<tr>
<td>8.</td>
<td>Eligible students with disabilities (SWD) under IDEA received appropriate services and accommodations (if none were served, check N/A).</td>
<td>Successful</td>
<td>Unsuccessful</td>
</tr>
<tr>
<td>9.</td>
<td>Eligible students with disabilities (SWD) under Section 504 received appropriate services and accommodations (if none were served, check N/A).</td>
<td>Successful</td>
<td>Unsuccessful</td>
</tr>
<tr>
<td>10.</td>
<td>At least 80% of students met academic goals.</td>
<td>Successful</td>
<td>Unsuccessful</td>
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<tr>
<td>11.</td>
<td>Provider met the agreed timeline for services at least 80% of the time.</td>
<td>Successful</td>
<td>Unsuccessful</td>
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<tr>
<td>12.</td>
<td>Services were consistent with the instruction and content used by the LEA.</td>
<td>Successful</td>
<td>Unsuccessful</td>
</tr>
<tr>
<td>13.</td>
<td>Services were aligned with State standards in ELA (including reading) and/or math.</td>
<td>Successful</td>
<td>Unsuccessful</td>
</tr>
<tr>
<td>14.</td>
<td>Progress reports were provided to LEA, teachers, and parents at least quarterly.</td>
<td>Successful</td>
<td></td>
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<td>15.</td>
<td>Notices were provided to parents in a format and, to the extent practicable, in a language the parent understands.</td>
<td>Successful</td>
<td>Unsuccessful</td>
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<tr>
<td>16.</td>
<td>The student confidentiality requirement was respected</td>
<td>Successful</td>
<td>Unsuccessful</td>
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<td>17.</td>
<td>Services were provided under the general supervision of a NYS Certified Teacher.</td>
<td>Successful</td>
<td>Unsuccessful</td>
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<tr>
<td>18.</td>
<td>All federal, state, and local health, safety, and civil rights requirements were met.</td>
<td>Successful</td>
<td>Unsuccessful</td>
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<tr>
<td>19.</td>
<td>Services were secular, neutral, and non-ideological.</td>
<td>Successful</td>
<td>Unsuccessful</td>
</tr>
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**IDEA/SpEd:**

**Section 504:**

**Total No. of Students with Disabilities Served:**
PART D
Supplemental Service Provider Annual Report Authorization/Assurance Form
(to be completed by SES Provider)

The undersigned hereby certifies that I am an individual authorized to act on behalf of the supplemental educational services provider in submitting this written report required by the regulations of the Commissioner of Education (8 NYCRR § 120.4(f)(8)(xvi)). I certify that all of the information provided herein is true and accurate. I understand that if any of the information contained herein (including Part C) is found to be untrue, such finding may constitute grounds for termination of provider approval pursuant to the regulations of the Commissioner of Education (8 NYCRR § 120.4(e)).

Assurances

Please check the appropriate box. If you check “No” to any item please provide a written explanation.

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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<td>Provider has adequate insurance for liability, property loss and personal injury involving students.</td>
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<td>Services were provided outside the regular school day.</td>
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<td>Fingerprint requirements have been met.</td>
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<td>Provider remains fiscally sound and able to fulfill all agreements to provide services.</td>
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<td>Services were provided in locations accessible to individuals with disabilities.</td>
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<td>No additional admission criteria were imposed on eligible students.</td>
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<td>Federal funds were not used for religious worship or instruction.</td>
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<tr>
<td>Provider complied with the district/charter school's contractual agreement that satisfies all of the requirements contained within the regulations of the Commissioner of Education.</td>
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</table>

Typed Name of Organization____________________________________________________________

Printed Name of Authorized Representative_______________________________________________

Signature of Authorized Representative____________________________________________________

Typed Title________________________________________________________

Date Signed________________________________________________________
SUMMARY REPORT OF SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDERS

PART E
District/LEA Authorization/Assurance Form
(To be completed by the District/LEA/Charter School LEA for each contracted provider that provided services to eligible students)

The undersigned hereby certifies that I am an individual authorized to act on behalf of the Local Educational Agency (LEA) in submitting this written report required by the Regulations of the Commissioner of Education (8 NYCRR § 120.4(f)(11)). I certify that upon investigation by this LEA, all of the information provided herein by the SES Provider is true and accurate.

I have attached Part C and Part D forms for: _________________________________.

Name of SES Provider

Please check the appropriate box.

YES ☐ NO ☐ Have any complaints been received from parents or other parties, or have there been any violations of the Provider’s responsibilities set forth in the Regulations of the Commissioner, including, but not limited to, compliance with health, safety and civil rights laws and the specific terms of the SES Provider contract with the LEA? (If you check "Yes," attach a detailed explanation, e.g., attach documentation of each complaint received and an explanation of how it was resolved.)

☐ ☐ Based on the monitoring information you have received and reviewed from this Provider, do you recommend that this Provider remain on the Approved Supplemental Educational Services Providers (ASESP) List?

Typed Name of Local Educational Agency ____________________________________________________________

Printed Name of Authorized Representative ____________________________________________________________

Signature of Authorized Representative _________________________________________________________________

Typed Title ____________________________________________________________

Number of explanatory pages attached. If none, indicate NONE.

Date Signed ____________________________________________________________

Revised July 2012
Addendum Instructions to the 2011-2012 Summary Report of Supplemental Educational Service Providers

Common Data Errors In Submitted Summary Reports of SES Providers

1. Missing data. All information should be completed and forms filled out correctly.

Do not assume that by leaving a space blank we will know you meant zero. If the number you mean to submit is zero, write 0.

2. Consistency between LEA data and provider data. They should match. If an LEA reports 100 students enrolled, providers should be reporting on 100 enrolled students.

Example: An LEA reports that 100 students enrolled, 75 completed, and 25 terminated services. Five providers served this LEA and their individual data is all internally consistent as well. But, when the provider data is added together, they collectively report that 80 students enrolled, 70 completed, and 10 terminated services.

3. Consistency within LEA data. District-wide data should equal the total of all school data.

Example: On the first page of part B (p.8 in template), an LEA will say 90 students were eligible for SES. On the second page, where the school breakdown is presented (p.9), the LEA will list information on the three schools in the district required to offer SES, and the number eligible in those schools will add to 120.

4. Providers fail to report whether they were unsuccessful with specific populations.

Example: 5 ELL students enrolled with Provider XYZ, but Provider XYZ reports NA for whether they served those students successfully.

5. LEA and provider numbers must account for all students. At the time the report is filled out, all students that enrolled have completed or terminated/left (including never even started services)/not completed. Thus, the number who completed plus the number terminated/left/not completed should equal the number who originally enrolled.

Example: The LEA submits that 30 students enrolled, 15 completed, and 5 terminated, etc., thus, 10 students are unaccounted for. Or a provider says 30 students enrolled, 25 completed, and 10 terminated, etc. services. Thus, 5 more students completed and terminated than enrolled. Where did they come from?

6. Providers fail to provide explanations for why students terminated services or why they checked “unsuccessful” to an item on Part C.

7. Providers fail to provide explanations for why they checked "no" to an item on Part D Assurances or fail to submit assurances altogether.

8. LEAs fail to provide explanations about complaints they received about providers.

9. LEA fails to provide assurances for each contracted provider.