

New Jersey Department of Education Supplemental Educational Services Providers

Form A: SES Program Implementation

An *asterisk indicates a required field.

SES Provider:	---
Provider ID Number:	---
1. * How was an individual achievement plan developed for each child served?	<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p style="text-align: right;"><i>1500 character limit</i></p>
2. Identify the type (i.e., letters, reports, phone calls, meetings, e-mail, etc.) and frequency (monthly, weekly, as needed, etc.) of systematic consultation regarding student progress with the following (District, Classroom Teacher, and Parent):	<p>District</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p style="text-align: right;"><i>1500 character limit</i></p>
	<p>Classroom Teacher</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p style="text-align: right;"><i>1500 character limit</i></p>
	<p>Parent</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p style="text-align: right;"><i>1500 character limit</i></p>
	<p>3. Define the most challenging issues for your organization during the 2004-2005 year of program implementation (check all that apply):</p> <p><input type="checkbox"/> Signing up students</p> <p>-----</p> <p><input type="checkbox"/> Low turnout for provider fairs</p> <p>-----</p> <p><input type="checkbox"/> Retaining tutors/staff</p> <p>-----</p> <p><input type="checkbox"/> Attendance</p> <p>-----</p> <p><input type="checkbox"/> Resolving problems with district</p> <p>-----</p> <p><input type="checkbox"/> Cash-flow concerns</p> <p>-----</p> <p><input type="checkbox"/> Billing issues with district</p> <p>-----</p> <p><input type="checkbox"/> Location of services for students</p> <p>-----</p>

Communicating with parents

Communicating with teachers and/or administration

Other 50 character limit

4. * Were any complaints filed with your organization by parents, the district, or others?

Yes

No

If yes, describe nature of complaint(s) and how it was resolved:

1000 character limit

5. * The total number of instructional staff providing SES services in New Jersey during 2004-2005

6. * The number of instructional staff who received training during 2004-2005

7. List the types of professional development offered to your instructors including subject/topic, dates, and the number of instructors attending.

Subject/Topic **Date (MM/YYYY)** **# of instructors attending**

/ /

[add another](#)

8. Comments

2000 character limit

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