

New Jersey Department of Education

Supplemental Educational Services Providers

Form B: Data for Districts Served

Please complete Form B for each district served. An *asterisk indicates a required field. NOTE: Do not report or identify students by name.

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SES Provider: | --- |
| Provider ID Number: | --- |
| * Select District | Select district <input type="text"/> |
| 1. * Number of schools in this district served. | <input type="text"/> |
| 2. * The total number of eligible students from this district enrolled by the SES provider during the period September 1, 2004 – August 31, 2005. | <input type="text"/> |
| 3. * The number of students from this district who completed service per their SES contract. | <input type="text"/> |
| 4. * The number of students from this district who did not complete the SES program. | <input type="text"/> |
| 5. * The number of students from this district with attendance rate of 80% or greater. | <input type="text"/> |
| 6. * The average number of tutoring sessions provided per student. | <input type="text"/> |
| 7. * The average length of each student tutoring session in minutes. | <input type="text"/> minutes |
| 8. * The number of English Language Learners (ELL) in this district served by the SES provider. | <input type="text"/> |
| 9. * The number of students with disabilities in this district served by the SES provider | <input type="text"/> |
| Evidence of Effectiveness | |
| 10. * Progress was measured based on (check all that apply): | <p>NJ state assessments</p> <p><input type="checkbox"/> NJ ASK 3</p> <p><input type="checkbox"/> NJ ASK 4</p> <p><input type="checkbox"/> HSPA</p> <p><input type="checkbox"/> GEPA</p> <p>Other Valid and Reliable Standardized Assessments</p> <p><input type="checkbox"/> American School Achievement Test</p> <p><input type="checkbox"/> Beery Visual Motor</p> |

- Comprehensive Receptive & Expressive Vocabulary Test

- Dibels

- Durrell Oral Reading test

- FCAT

- Gates MacGinitie

- GMADE

- GRADE

- Gray Oral Reading Test

- IOWA tests

- Kaufman

- Metropolitan Achievement Test

- SRA

- Stanford

- Terra Nova

- Test of Early Math Ability (TEMA)

- Wechsler

- Wide Range Achievement Test (WRAT)

- Woodcock-Johnson test battery

- Other 50 character limit

Provider-Developed Valid and Reliable Assessments (list here)

100 character limit

Other Measures of Progress (explain)

250 character limit

11. * How many students served in this district have demonstrated academic progress in reading/language arts literacy (based upon measure(s) identified in question 10)?

12. * How many students served in this district have demonstrated academic progress in mathematics (based upon measure(s) identified

in question 10)?

13. For those students who did not achieve their goals (indicated in question 4), why do you believe the goals were not attained:

1500 character limit

Submit Form B

Office of Title I Program Planning & Accountability
Office of Educational and Informational Technology