

# New Jersey Department of Education

## Supplemental Educational Services Providers

### Instructions for Completing the SES Provider Evaluation Survey

Supplemental educational services (SES) providers, pursuant to §1116(e) of the *No Child Left Behind Act of 2001*(NCLB), must annually submit a service report to the New Jersey Department of Education (NJDOE) that herein takes the form of a self-evaluation survey. This survey is being distributed to the approved list of providers eligible to provide services from September 1, 2004 - August 31, 2005, and applies only to those services provided during that period. Approved providers that did not offer SES services during that time period, but were approved to do so, must also complete the on-line survey and select the option “no SES services were provided from 9/1/04 - 8/31/05.” (New providers eligible to *begin* services on September 1, 2005, DO NOT complete this on-line survey; only providers that offered services during 2004-2005 must participate.)

The survey has four sections:

Form A: SES Program Implementation

Form B: Data for Districts Served

Form C: Assurances and Authorization for Continued Service

Form D: Additional Documentation

While completing this self-evaluation survey, keep in mind that its purpose is to identify those areas in which your program has been successful and those areas that need to be strengthened

It is important that you answer these questions accurately. The assurances pages (Form C) state that “if any of the information contained in this survey is found to be inaccurate during on-site visits or by any other means, such finding may constitute just cause for removing the provider from the state-approved list.”

School districts are also required to submit evaluations on providers that served their students. On-site visits may be conducted both randomly and for those providers that a district rated unsatisfactory in the following elements:

1. Monitored the progress of students receiving supplemental educational services.
2. Provided the school district and teachers with information on the academic achievement of children receiving supplemental educational services.
3. Provided students with constant, systematic feedback on what they were learning.
4. Met the agreed timeline for services at least 80% of the time.
5. Provided appropriate educational materials for the students.
6. Provided services that were consistent with the instruction and content of the school district.
7. Provided services that were aligned with the New Jersey Core Curriculum Content Standards.
8. Provided monthly progress reports to the school district, teachers, and parents.
9. Met all federal, state and local health, safety, and civil rights requirements.
10. Ensured services were secular, neutral, and non-ideological.
11. Ensured staff was qualified and well-trained to provide services.
12. Defined specific achievement goals for students receiving supplemental educational services as outlined in the agreement with the school district and parents.
13. Ensured that instructional strategies were of high quality and research-based.
14. Provided services to eligible limited English proficient (LEP) students, as contracted (if applicable).
15. Provided services to eligible special education students, as contracted (if applicable).
16. Complied with the Education Industry Association’s Code of Professional Conduct and Business Ethics for Supplemental Educational Services Providers.

A violation of elements 9 and 10 will constitute immediate removal from the New Jersey Department of Education SES approved provider list.

This survey must be completed by each SES provider for each district served during the 2004-2005 school year. Access the document electronically at: <http://education.state.nj.us/sesp/>, and complete and submit Form A, Form B, and Form C on-line per the instructions below. Additional documentation required on Form D should be sent via mail to the following address:

New Jersey Department of Education  
Office of Title I Program Planning and Accountability  
100 Riverview Plaza  
PO Box 500  
Trenton, New Jersey 08625-0500

For questions, please contact the Office of Title I Program Planning and Accountability by e-mail at: [SES@doe.state.nj.us](mailto:SES@doe.state.nj.us).

**DUE DATE: Monday, December 5, 2005**

This on-line survey must be submitted AND additional required documentation received by the NJDOE, Office of Title I Program Planning and Accountability by Monday, December 5, 2005. If materials are not received by the NJDOE, providers **WILL BE REMOVED FROM THE LIST OF APPROVED SES PROVIDERS** and not permitted to conduct an SES program in the state of New Jersey. Once removed, a provider must re-apply during the annual application period and be granted approval to become an approved SES provider in New Jersey again.

**WHO NEEDS TO COMPLETE THIS SURVEY?**

All providers approved to provide SES services during the period from September 1, 2004, through August 31, 2005, that is, providers whose applications were approved in 2003 and 2004. Newly approved providers (2005) do not need to complete an on-line survey. **Note:** The on-line survey must be submitted even if services were not provided during the project period September 1, 2004 - August 31, 2005.

**BEFORE YOU BEGIN**

- Read all the instructions.
- Be aware of character limits. The program will allow you to exceed the maximum characters but not to submit them, so be sure you are within the character limits.
- At any time you want to return to the main page to access other forms, click on the **main page** link in the upper right corner of each on-line page.
- To save entered information, you must hit the **submit** button. If you close out the program before you submit the survey, you will lose any entered information. After you submit, you can revise the forms by clicking the **edit** function.
- If you encounter any problems, e-mail the SES helpline at [SES@doe.state.nj.us](mailto:SES@doe.state.nj.us).

**SIGN IN:**

1. Provider Number: Enter 3-digit provider number
2. Password: Enter assigned password
3. Press "login"

**FORM A: SES PROGRAM IMPLEMENTATION**

- Click on the box: Form A: SES Program Implementation

If you did not provide SES services between 9/1/04 and 8/31/05, answer as follows:

- Q.1) Enter **N/A**

- Q.4) Check **Yes** or **No** – required field
- Q.5) 0 [zero] or other number if applicable
- Q.6) 0 [zero] or other number if applicable
- When finished, click on the box: Submit Form A

If you *did* provide SES services between 9/1/04 and 8/31/05:

- Answer questions 1 through 7. Note character limits on certain questions.
- Q.7) To add another professional development session, click on **add another**. New boxes will appear: Enter information for **Subject/Topic**, **Date (MM/YYYY)**, and **# of instructors attending**.
- When finished, click on the box: Submit Form A

**FORM B: DATA FOR DISTRICTS SERVED** NOTE: Do not report or identify students by name.

- Click on the box: Form B: Data for Districts Served
- **Did you provide SES services to any schools/districts in 2004-2005?** Check **Yes** or **No** (“No” returns you to the main page; move to Form C).
- If “Yes”, then go to: **Select District** box.
  - Using drop down arrow on “select district” box, choose one of the districts for which you provided SES services. Answer questions 1-13 for that selected district only. **Note: A separate Form B must be submitted for each district served.**
  - When finished for the selected district, click on the box: Submit Form B
  - Note that after submitting, you are taken back to the “Main Page.” You may now do one of the following:
    - a. click on Form B: Data for Districts Served to enter data for another district served.
    - b. Click on **Review** to check over the Form B page. To return to Form B, click on the *main page* link at the bottom of the page.
    - c. Edit the information on the district you already completed, by selecting the **edit** function next to the district listed under the Form B box. If revisions are made, you must resubmit.
    - d. Click on the box for Form C to continue the survey process.

**FORM C: ASSURANCES AND AUTHORIZATION FOR CONTINUED SERVICE**

- Indicate next to each assurance whether it was fulfilled by your agency as an approved provider by checking off **Yes** or **No**. If services were not offered during the time period from 9/1/04 - 8/31/05, indicate **N/A**.
- When completed, click on the box: Submit Form C
- This will return you to the "Main Page." Proceed to Form D to print your assurances and verify the additional documentation needed to complete the survey.

**FORM D: ADDITIONAL DOCUMENTATION**

- Print the SES Provider Assurances and Authorization for Continued Service pages by clicking on the link indicated.
- Sign and Date the Assurances pages

Return the first four items below to the Office of Title I Program Planning & Accountability by mail. E-mail item #5.

1. SES Provider Assurances and Authorization for Continued Service pages.
2. A copy of the final progress report your agency submitted to each district summarizing the progress of all students served. Do NOT include student names in order to protect the privacy of students. Reports may include student ID, gender, pre- and post-test results.
3. Financial statements for 2004-2005. Please send a copy of a financial statement that verifies your agency is financially stable (examples: annual audit, tax return, etc.). For LEA/school providers, supply audit letter for the district.
4. A list of instructional staff who provide direct instruction to students and supervisory staff who oversee the instructors. List by name with a description of their educational and professional background (educational degrees, certifications, etc.). Please use the form entitled, *Supplemental Educational Services Instructors and Qualifications* (Word document). Save this word document to your computer. After completing this form, print and return with items 1 through 3 above. To return to Form D, close (X) out of the window.
5. Review your provider listing by clicking on the link. (Hint: To return to Form D, close (X) out of the provider listing.) E-mail revisions to [SES@doe.state.nj.us](mailto:SES@doe.state.nj.us). Changes that are significant in scope must be approved by the Office of Title I Program Planning and Accountability.

Clicking on **Log out** will take you back to the Login screen.