

# Supplemental Educational Services Providers

(001)

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## Form A: SES Program Implementation

Purpose: The purpose of Form A is to determine implementation practices and problems.

	District	Teacher	Parents
1. What were the types and	Letter		
frequency of	E-mail		
communication	Reports		
that the provider	Phone calls		
used to contact	In-person		
the district	meetings		
administration,	Informal/		
classroom teacher	incidental		
and parents?	contact		

2. What were the challenging implementation issues for your organization during the 2006-07 school year?

Select all that apply.

- Signing up students
- Low turnout for provider fairs
- Retaining tutor/staff
- Student Attendance
- Failure to receive student academic information from the district
- Resolving other problems with district
- Cash-flow concerns
- Billing issues with the district
- Location of services for student
- Communicating with parents
- Communicating with teachers and/or administration

Other:

3. Give the total number of your employed certified instructional staff providing SES services in New Jersey Public Schools during the 2006-07 school year.

4. Give the total number of your employed non-certificated instructional staff providing SES services in New Jersey Public Schools during the 2006-07 school year.

5. Indicate the types of professional development offered to your instructors:

Subject/Topic	Date	# Staff
	(MM/	Attending
	YYYY)	
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<a href="#">add another</a>		

6. Were there complaints against the provider during the 2006-07 school year by any of the following groups:

	Yes	No
Parent	<input type="checkbox"/>	<input type="checkbox"/>
District Administrative Staff	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>
Other, indicate:	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe complaint and, if applicable, resolution.		

*4000 character limit*

7. Additional  
Comments

*4000 character limit*

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