

New Jersey Department of Education

Supplemental Educational Services Providers

Instructions

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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, 2006 - August 31, 2007, 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 portions of the on-line survey as instructed and select the option "no SES services were provided from 9/1/06 - 8/31/07." (*New providers eligible to begin services on September 1, 2007, DO NOT complete this on-line survey; only providers approved to offer services during the 2006-2007 project period must participate.*)

The survey has five sections:

- [Form A: SES Program Implementation](#)
- [Form B: Data for Districts Served](#)
- [Form C: SES Provider Assurances and Authorization for Continued Services](#)
- [Form D: SES Instructors and Qualifications](#)
- [Form E: 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 untrue 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).

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

Form B of this survey must be completed by each SES provider for each district served during the 2006-2007 project year. Access the document electronically at: <http://education.state.nj.us/ses/selfeval/> and complete and submit Form A, Form B, Form C, and Form D on-line per the instructions below. Additional documentation required on Form E 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.

DUE DATE: **November 26, 2007**

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, November 26, 2007.

If materials are not received by the NJDOE, providers, if not already, **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, 2006, through August 31, 2007, that is, providers whose applications were approved in 2005, 2006, and 2007. **Note:** The on-line survey must be submitted even if services were not provided during the project period September 1, 2006 - August 31, 2007. Newly approved providers (2007) do not need to complete an on-line survey.

BEFORE YOU BEGIN

- Read all the instructions.
- Be aware of character limits. The program will allow you to exceed the maximum

number of 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 survey page to access other forms, click on the **survey** link in the upper right corner of each on-line page. These navigation links also appear in the bottom 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 **update** function.
- If you need to delete an entire record, contact the SES helpline at SES@doe.state.nj.us.
- If you encounter any problems, e-mail the SES helpline at SES@doe.state.nj.us.

SIGN IN

1. Provider ID: Enter your 3-digit provider number
2. Password: Enter your assigned password
3. Hit **login**

FORM A: SES PROGRAM

IMPLEMENTATION

- Click: Form A: SES Program Implementation

If you did not provide SES services between 9/1/06 and 8/31/07, answer as follows:

- Q.3) Enter 0 [zero] or another number if applicable
- Q.4) Enter 0 [zero] or another number if applicable
- Q.6) Check **Yes** or **No**
- Q.7) Enter any comments as needed.
- When finished, click on the box: Submit Form A

If you *did* provide SES services between 9/1/06 and 8/31/07:

- Answer questions 1 through 7. Note character limits and required format on certain questions.
- Q.5) 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**.
- Q.6) If you answered "yes" then describe complaint and, if applicable, resolution in box.
- Q.7) Enter any additional comments.
- When finished, click on the box: Submit Form A

FORM B: DATA FOR DISTRICTS SERVED

- Click on the box: Form B: Data for Districts Served
- **Did you provide SES services to any schools/districts in 2005-2006?** Check **Yes** or **No** ("No" returns you to the main **survey** page; move to Form C).
- If "Yes," go to: **Select District** box.
 - Using draw down arrow on **Select District** box, choose one of the districts for which you provided SES services. Answer questions 1-14 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 "survey" page. You may now do one of the following:
 - Click **add District** to enter data for another district served.
 - Click on **Review** to check over the Form B page. To return to Form B, click on the **survey** link in the top right corner or bottom right corner of the page.
 - Edit the information on the district you already completed, by selecting the **update** function next to the district listed under the Form B box.
 - 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 selecting **Yes** or **No**. If services were not offered during the time period from 9/1/06 - 8/31/07, indicate **N/A**.
- When completed, click on the box: Submit Form C
- This will return you to the main **survey** page. Proceed to Form D. (Form E will allow you to print your assurances and verify the additional documentation needed to complete the survey.)

**FORM D: SES
INSTRUCTORS AND
QUALIFICATIONS**

All instructional and supervisory staff must be included in Form D.

- Add Name of SES staff member.
- Indicate via pull-down box whether this staff member is employed in an "instructional,"

"supervisory," or "both" capacity.

- Add degree(s) or number of college credits attained by this staff member. This is a required field.
- If available, indicate institution, certifications and any additional comments.
- Check "yes" or "no" to confirm that this staff person has met all criminal history/fingerprint requirements.
- Submit.
- Add another staff member, by selecting ***add Staff Member*** under Form D on the main ***survey*** page.

FORM E: 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.

Submit items 1-5, 6 (optional) and 7 (optional) to the Office of Title I Program Planning & Accountability by mail. Item #5 may be emailed.

Office of Title I Program Planning and Accountability

100 Riverview Plaza

PO Box 500

Trenton, New Jersey 08625-0500

1. Completed 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 should include, at the minimum, student ID, gender, pre- and post-test results. Attached is a [summary report template](#) you may use. This template format is not required.
3. Sample of a completed student Individual Learning Plan (ILP). Do NOT include student name in order to protect the privacy of student.
4. Evidence of Financial viability. 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.
5. [Review SES Provider Information Summary](#). E-mail revisions to SES@doe.state.nj.us.

Changes that are significant in scope including cost increases must be approved by the Office of Title I Program Planning and Accountability. (Hint: To return to Form E, close or "X" out of the provider listing.)

6. Discipline/behavior policy (optional)

7. Attendance policy (optional)

Clicking on **Sign Out** will take you back to the Login screen.

Instructions [Sign](#)

[in](#)

Office of Title I Program Planning and Accountability

Office of Educational and Informational Technology