Arkansas Department of Education
Supplemental Educational Services Providers
2011-2012

All SES provider information was copied directly from the CD submitted by each company.

***Incentives for Arkansas:** Providers may offer enrolled students' performance rewards with a maximum value of $50. The performance reward should be directly linked to documented meaningful attendance benchmarks and/or the completion of assessment and program objectives. **These incentives shall not be advertised in advance of actual enrollment.** Incentive reports will be required from each provider for every district served upon completion of each tutoring cycle in each district.

"A+" Ability Plus

Program Name	Name: Ability Plus, Inc. Doing Business As (DBA): **"A+" Ability Plus**	
Type of Entity	√**For-profit company** □ Public School (non-charter) □ Charter School □ Institution of Higher Education	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other:
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name**: Roy Pressey** Address: **4630 South Kirkman Road**, Suite **361** City: **Orlando** State: **Florida** Zip: **32811**	

Local Contact Information	√**Check if information is same as Entity Contact Information**.
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No √ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. 5
Service Area	□ Statewide √Or List LEA Name(s) you intend to serve LEA
Place of Service	Check the location(s) that best describe where you will deliver services to students: √Student's Home □ Business
Transportation	Do you provide transportation? □ Yes □ No
Subject Areas & Grade Levels to Serve	Check all subject(s) and grade(s) for each subject you will offer. √ Reading **K** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** **11** **12**
Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 5,000
Specific Student Population Served:	Indicate whether your entity specializes in any of the following groups: □ Do not specialize
Specific Student Population Served:	√ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): √ Autism spectrum disorder
Service Schedule	√ Before school √ After school √ Weekends √ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 5 students: per tutor
Cost	List your fee **per hour**. $50.00 maximum per hour, per student
Diagnostic Assessment	*Instruments used to diagnose skill levels in Reading are:* Universal Screener – AIMSweb, Curriculum-Based Measurement: Letter Naming Fluency, Letter Sound Fluency, Phoneme Segmentation Fluency (K-2nd graders), Standard Oral Reading Fluency (1st-8th graders), Reading MAZE (3rd-8th graders) and Spelling (2nd-8th

Instructional Curriculum	Reading: Options/Buckle Down Reading, our core curricula, is complimented by Continental Press-Chall Popp Phonics, Additional curricula include AIMSweb, Curriculum Associates, Pearson/AGS, Rally Education and Triumph Learning. Math: Options/Buckle Down Math, our core curricula is complimented by Continental Press-Mathematics Skills, Concepts, Problem Solving Additional
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible.

100 Scholars

Program Name	Name: **Scholars Group, Inc.** Doing Business As (DBA): **100 Scholars**
Type of Entity	☒ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Michael Flowers** Address: **PO Box 163005** City: **Austin** State: **Texas** Zip: **78716** Phone: **866-355-7221** Fax: **888-468-0002** Email: **ses.ar@100scholars.com** Website: **www.100Scholars.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. ☒ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Nora Ramirez** Street Address: **2402 Wildwood Ave, Suite #160** City: **Sherwood** State: **Arkansas** Zip: **72120** Phone: **866-355-7221** Fax: **888-468-0002** Email: **ses.ar@100scholars.com** Website: **www.100Scholars.com**

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No ☒Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. 7 Years 1. Is this application a reapplication of a currently approved provider? ☒ No □ Yes 2. Is this application a reapplication of a previously removed provider? □ No ☒ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? □ No ☒ Yes If yes, provide an explanation with the entity name and state or federal agency of occurrence. 100 Scholars was removed as an SES Provider from Arkansas during the 2010-11 school year due to allegations of financial unsoundness and late submission of test results to the state. We are currently working with the Arkansas Department of Education regarding these allegations, as we believe their findings are in error. List any other State in which you are currently approved to provide Supplemental Educational Services. Texas, Florida, Washington D.C., Mississippi, New Mexico, North Carolina, Oklahoma, Tennessee, Illinois, South Carolina, and Virginia.
Service Area	☒ Statewide □ Or List LEA Name(s) you intend to serve
Place of Service	Check the location(s) that best describe where you will deliver services to students: ☒ Student's Home □ Business ☒ Community Center ☒ Religious Facility (e.g., church, synagogue, mosque, temple) ☒ LEA Facility □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? □ Yes □ No ☒ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

☒Reading

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

☒English/Language Arts

K	1	2		4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

☒Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

□Science

K
1
2
3
4
5
6
7
8
9

0
11
12

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: __5,000____ Provide the **minimum** number of students that you require to begin services in an individual school: LEA: _**1**____
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: ☒ Do not specialize
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: ☒ Do not specialize
Service Schedule	Select the service schedule you will offer to students (check all that apply): ☒ Before school ☒ After school ☒ Weekends ☒ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: __10____ students: per tutor ___1_____
Cost	List your fee **per hour**. $_**50.00**____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	We will use the Achieve Test, published by United Learning Centers, to diagnose skill levels for each individual student.
Instructional Curriculum	100 Scholars will use Houghton Mifflin Harcourt's computer-based, grade level appropriate SkillsTutor curriculum to tutor our Reading/ English Language Arts and Math students in grades K–12.

Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. We shall not directly or indirectly use incentives as a method of promoting selection of our services by parents/families of eligible students. We shall offer completion incentives to eligible students for attendance, continued participation, or achievement. Completion incentives shall not be advertised in advance of actual enrollment. Our completion incentives shall have no redeemable monetary value to students or their parents/families. Completion incentives shall be consistent with accepted classroom incentives, such as pizza parties, ice cream parties, school supplies having nominal value, or the opportunity to order discounted instructional material. Prior to issuing any completion incentives, we shall receive the consent of parents/families.

A to Z In-Home Tutoring, LLC

Program Name	Name: **A to Z In-Home Tutoring. LLC.** Doing Business As (DBA): NA
Type of Entity (*check all that apply)*	X For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **John Maines** Address: **600 Vestavia Parkway, Suite 200** City: **Birmingham** State: **AL** Zip: **37174** Phone: **866-505-2869 X124** Fax: **205-978-2378** Email: **jmaines@provcorp.com** Website: **www.atoztutoring.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Mary Lynn Thompson** Street Address: **10220 Tall Hickory Dr.** City: **Cordova** State: **TN.** Zip: **38016** Phone: **901-483-2962** Fax: **901-386-3024** Email: **Mthompson@atoztutoring.com** Website: **www.atoztutoring.com**

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No X Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. ___7_ years_____ 1. Is this application a reapplication of a currently approved provider? □ No X Yes 2. Is this application a reapplication of a previously removed provider? X No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? □ No X Yes If yes, provide an explanation with the entity name and state or federal agency of occurrence. In the state of Indiana, our organization was placed on probation effective July 31, 2008 due to an Unsatisfactory rating (grade of C+ or below) on our state evaluation. As part of the probation, we implemented a corrective action plan that included purchasing a new curriculum, additional internal monitoring, and enhanced tutor training. All SES providers on probation were required to score above a C+ on their state evaluation for two consecutive years. The second year we were found to have not scored above the minimum requirement and therefore we were removed from the list of providers on July 2, 2010. Our program in Indiana was operated and managed by an entirely different set of coordinators and directors that no longer work for our company. Due to A to Z's decentralized model, our tutoring program in Arkansas was not connected to this situation in any way and has an impeccable service history in schools throughout the state. List any other State in which you are currently approved to provide Supplemental Educational Services. *Alaska* *Alabama* *Arkansas* *Arizona* *California* *Colorado* *Washington DC* *Delaware* *Florida* *Georgia* *Kentucky* *Louisiana* *Massachusetts* *Maryland* *New Mexico* *Nevada* *Ohio* *South Carolina* *Tennessee*

Service Area

List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state.

□ Statewide X Or List LEA Name(s) you intend to serve

	LEA
1	Cabot-4304
2	Conway-2301
3	Earle-1802
4	England-4302
5	Forrest City-6201
6	Jonesboro-1608
7	Little Rock-6001
8	Lonoke-4301
9	Marion-1804
10	North Little Rock-6002
11	Pulaski County Special-6003
12	Turrell-1805
13	West Memphis-1803

Place of Service

Check the location(s) that best describe where you will deliver services to students:

X Student's Home
□ Business
X Community Center
X Religious Facility (e.g., church, synagogue, mosque, temple)
X LEA Facility
□ Via Technology (check all that apply)
internet/online
software-based
other (please explain)
□ Access site for online/web-based providers:

Transportation

Do you provide transportation?

□ Yes X No

□ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

X English/Language Arts

K	1	2	3	4	5	6	7	8		10	11
X	X	X	X	X	X	X	X	X	X	X	X

X Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

□ Science

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: _1500____

Provide the **minimum** number of students that you require to begin services in an individual school: LEA: ___1_____

Specific Student Populations Served: English Language Learners

Indicate whether your entity specializes in any of the following groups:

□ Do not specialize

X English Language Learner (ELL) students

If yes, list the particular language(s) (e.g., Spanish, French, Japanese):
__Spanish_____

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): X Autism spectrum disorder □ Deaf □ Blind X Hard of hearing X Emotional/behavioral disorder X Mild Intellectual disability X Moderate Intellectual disability X Severe Intellectual disability □ Profound Intellectual disability X Significant Developmental delay □ Specific learning disability X Speech-language impairment □ Traumatic brain injury X Visual impairment X Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school X After school X Weekends X Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: __1____ students: per tutor ____1__
Cost	List your fee **per hour**. $__50.00_____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. __Standards Based Testing System (SBTS)_____

Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. ___Incentive Publications' BASIC/Not Boring Curriculum and Testing Series_____
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. A to Z In-Home Tutoring Does not offer incentives

A+ Arkansas Learning, LLC

Program Name	Name: **A+ Arkansas Learning, LLC** Doing Business As (DBA): _Same
Type of Entity (*check all that apply)*	X For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Jamie Morrison Ward** Address: **300 S. Rodney Parham, Suite 1 PMB 188** City: **Little Rock** State: **AR** Zip: **72205** Phone: **501-223-9932** Fax: **501-223-9932** Email: **aplusarkansas@gmail.com** Website: None
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. X Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: _**Jennice Ratley** or **Nicole Witherspoon** Street Address: **300 S. Rodney Parham, Suite 1 PMB 188** City: **Little Rock** State**: AR** Zip: **72205** Email: **aplusarkansas@gmail.com**

<table>
<tr><td>SES History</td><td>Are you currently or have you ever been an approved SES provider in Arkansas?
X No □ Yes (answer questions 1 -2)
If yes, number of years as an SES provider in Arkansas.
_____

1. Is this application a reapplication of a currently approved provider?
X No □ Yes

2. Is this application a reapplication of a previously removed provider?
X No □ Yes

Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program?
X No □ Yes

If yes, provide an explanation with the entity name and state or federal agency of occurrence.

List any other State in which you are currently approved to provide Supplemental Educational Services.
<u>None</u></td></tr>
<tr><td>Service Area</td><td>List each LEA in which you agree to provide services. Check “Statewide” ONLY if you agree to provide services to <u>any</u> LEA in the entire State of Arkansas. Providers who indicate they will serve “Statewide” will be required to provide services to any and/or all LEA(s) at any location in the state.

X Statewide □ Or List LEA Name(s) you intend to serve
<table><tr><th></th><th>LEA</th></tr><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr></table></td></tr>
<tr><td>Place of Service</td><td>Check the location(s) that best describe where you will deliver services to students:

□ Student’s Home
□ Business
X Community Center
X Religious Facility (e.g., church, synagogue, mosque, temple)
X LEA Facility
□ Via Technology (check all that apply)
internet/online
software-based
other (please explain)
□ Access site for online/web-based providers:</td></tr>
<tr><td>Transportation</td><td>Do you provide transportation?

X Yes □ No

X At Select Sites Only</td></tr>
</table>

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

☐ Reading

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X						

☐ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
						X	X	X			

☐ Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X			

□Science

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 1200

Provide the **minimum** number of students that you require to begin services in an individual school: LEA: 10

Specific Student Populations Served: English Language Learners

Indicate whether your entity specializes in any of the following groups:

□ Do not specialize

☐ English Language Learner (ELL) students

If yes, list the particular language(s) (e.g., Spanish, French, Japanese):
_Spanish_____

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □Do not specialize ☐ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): ☐ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder ☐ Mild Intellectual disability ☐ Moderate Intellectual disability ☐ Severe Intellectual disability □ Profound Intellectual disability ☐ Significant Developmental delay ☐ Specific learning disability ☐ Speech-language impairment □ Traumatic brain injury ☐ Visual impairment ☐ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school ☐ After school ☐ Weekends ☐ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 10 students: per tutor 1
Cost	List your fee **per hour**. $50.00 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Afterschool Achievers: Reading Club (K-5) Afterschool Achievers: Math Club (K-8) Math in Focus: The Singapore Approach (K-5) Lessons in Literacy (6-8*)* Samples will be provided at the interview for all grades and content areas.
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Afterschool Achievers: Reading Club (K-5) Afterschool Achievers: Math Club (K-8) Math in Focus: The Singapore Approach (K-5) Lessons in Literacy (6-8) The correlation to Common Core State Standards will be included with the original application for each grade and each curriculum.
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Age appropriate items will be given to students based on attendance, participation and achievements. Examples are : Crayons, coloring books, pencils, rulers, frisbees, movie passes, pizza coupons, educational toys or books, candy bags, magic shows and logo t-shirts. Backpacks or “Supplemental Sacks” will be given to those that complete the program. Some of the manipulatives that are used for tutoring throughout the session will be included in the backpacks for the children to keep at home. The value of these items will not exceed $50 per student per school year.

Academic Tutoring Service

Program Name	Name: Syntelesys Educational Services Doing Business As (DBA): **Academic Tutoring Service**
Type of Entity (*check all that apply)*	**X** For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Daniel York** Address: **2550 Corporate Place, C108** City: **Monterey Park** State: **Ca.** Zip: **90606** Phone**: 1-800-293-3091** Fax: **(323) 526-4632** Email:info@academictutoringservice@gmail.com Website: www.academictutoringservice@gmail.com
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Jennifer Armstrong** Street Address: **3704 Camp Robinson St** City: **North Little Rock** State: **Arkansas** Zip: **72118** Phone**: (501) 414-0760** Fax: **(501) 414-0761** Email: **info@academictutoringservice@gmail.com** Website: **www.academictutoringservice@gmail.com**

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No **X** Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _____ 1. Is this application a reapplication of a currently approved provider? □ No **X** Yes 2. Is this application a reapplication of a previously removed provider? **X** No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? **X** No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. **X** Statewide □ Or List LEA Name(s) you intend to serve
Place of Service	Check the location(s) that best describe where you will deliver services to students: **X** Student's Home **X** Business **X** Community Center **X** Religious Facility (e.g., church, synagogue, mosque, temple) **X** LEA Facility □ Via Technology (check all that apply) internet/online software-based other <u>(please explain)</u> □ Access site for online/web-based providers:
Transportation	Do you provide transportation? **X** Yes □ No **X** At Select Sites Only

<table>
<tr><td>Subject Areas & Grade Levels to Serve</td><td>Check all subject(s) and grade(s) for each subject you will offer.
XReading
<table><tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>☐ English/Language Arts
<table><tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>XMathematics
<table><tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>□Science
<table><tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr>
<tr><td>Maximum and Minimum Number of Students to Serve</td><td>Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined: <u>5000</u>

Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA: <u>5</u></td></tr>
<tr><td>Specific Student Populations Served: English Language Learners</td><td>Indicate whether your entity specializes in any of the following groups:

X Do not specialize

□ English Language Learner (ELL) students

If yes, list the particular language(s) (e.g., Spanish, French,
Japanese): _____</td></tr>
<tr><td>Specific Student Populations Served: Students with Disabilities</td><td>Indicate whether your entity specializes in any of the following groups:
X Do not specialize
□ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004):</td></tr>
</table>

Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school **X** After school **X** Weekends □ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 6 students: per tutor 1
Cost	List your fee **per hour**. $50 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. We are using The **WRAT 4** assessment by PAR.
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. We are using the Houghton- Mifflin, Arkansas Edition for Language Arts, Reading and Math.
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Upon completion of our program, a good attendance, students will receive a $20 gift card.

Access:Destiny

Program Name	Name: ACCESS: DESTINY Doing Business As (DBA**):** **ACCESS: DESTINY**, College of Education, University of Arkansas Fort Smith
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School X Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name**: Dr. John R. Jones, Dean, College of Education** Address**: 5210 Grand Avenue, P.O. Box 3649** City: **Fort Smith** State: **AR** Zip: **72913-3649** Phone: **479-788-7912** Fax: **479-424-6911** Email**: jrjones@uafortsmith.edu** Website: **www.uafortsmith.edu**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. **X Check if information is same as Entity Contact Information. If so, please do not complete the information below.**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No X Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _7 years_____ 1. Is this application a reapplication of a currently approved provider? □ No X Yes 2. Is this application a reapplication of a previously removed provider? X No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.

<table>
<tr><td>Service Area</td><td>List each LEA in which you agree to provide services. Check “Statewide” ONLY if you agree to provide services to <u>any</u> LEA in the entire State of Arkansas. Providers who indicate they will serve “Statewide” will be required to provide services to any and/or all LEA(s) at any location in the state.

□ Statewide X Or List LEA Name(s) you intend to serve
<table><tr><th></th><th>LEA</th></tr><tr><td>1</td><td>Fort Smith Public Schools</td></tr></table></td></tr>
<tr><td>Place of Service</td><td>Check the location(s) that best describe where you will deliver services to students:

□ Student’s Home
□ Business
□ Community Center
□ Religious Facility (e.g., church, synagogue, mosque, temple)
X LEA Facility
□ Via Technology (check all that apply)
internet/online
software-based
other (please explain)
□ Access site for online/web-based providers:</td></tr>
<tr><td>Transportation</td><td>Do you provide transportation?

□ Yes X No

□ At Select Sites Only</td></tr>
</table>

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

*X*Reading

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X					

☐ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11

X Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X					

□Science

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 175
Provide the **minimum** number of students that you require to begin services in an individual school: LEA: 20

Specific Student Populations Served: English Language Learners

Indicate whether your entity specializes in any of the following groups:

X Do not specialize

□ English Language Learner (ELL) students

If yes, list the particular language(s) (e.g., Spanish, French,
Japanese): _____

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: X Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school X After school □ Weekends □ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 7 students: per tutor 1
Cost	List your fee **per hour**. $ 50 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. AIMS Reading , TLI MATH

Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. ___Put Reading First, Arkansas K-12 English Language Arts Curriculum Frameworks, K-2 Common Core English-Language Arts Standards; Arkansas Mathematics Curriculum Framework, K-2 Common Core Math Standards, About Teaching Mathematics problem-solving _____ _____
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. __children's literature_ _____certificate of completion_____ __educational board game_____ __field trip to Learning Celebration at UA Fort Smith campus _____

Achieve HighPoints

Program Name	Name: __Achieve HighPoints (by Datamatics, Inc).__ Doing Business As (DBA): __**Achieve HighPoints**__
Type of Entity (*check all that apply)*	☑ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: ___**Devina Singh**_____ Address: ___**3505 Duluth Park Lane, Suite 210**_____ City: __**Duluth**_____State: _____**GA**_____Zip: ___**30096**_____ Phone: _**770-623-6969 Ext 240**_ Fax: ___**770-232-9463**_____ Email: _**sesar@achieveses.com** Website: **www.acheiveses.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. ☑ **Check if information is same as Entity Contact Information.**

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No ☑ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _____ 1. Is this application a reapplication of a currently approved provider? □ No ☑ Yes 2. Is this application a reapplication of a previously removed provider? ☑ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? ☑ No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. CO, GA, KY, ID, MA, MI, OK, NC, ND, NJ, NY, PA, SC, SD, TN, VA, VT
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. ☑Statewide □ Or List LEA Name(s) you intend to serve Insert additional rows if necessary.
Place of Service	Check the location(s) that best describe where you will deliver services to students: □Student's Home □ Business □ Community Center □ Religious Facility (e.g., church, synagogue, mosque, temple) □ LEA Facility ☑ Via Technology (check all that apply) ☑ internet/online software-based other (please explain) ☑ Access site for online/web-based providers: WWW.ACHIEVESES.COM
Transportation	Do you provide transportation? □ Yes ☑ No Since we are an online provider students access our tutoring platform via an internet connected computer from the comfort and convenience of their home/community center. □ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

□Reading

K	1	2	3		5	6	7	8	9	10	11

□English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11

☑Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
		x	x	x	x	x	x	x	x	x	x

□Science

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: ___2,000__

Provide the **minimum** number of students that you require to begin services in an individual school: LEA: ____1____

Specific Student Populations Served: English Language Learners

Indicate whether your entity specializes in any of the following groups:

☑ Do not specialize

□ English Language Learner (ELL) students

If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: ☑Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): ☑ Before school ☑ After school ☑ Weekends ☑ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: __1___ students: per tutor ___1__ for individual sessions and __5___ students: per tutor ___1___ for small group sessions.
Cost	List your fee **per hour**. $___50____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. We use the HighPoints Assessment Tool, a proprietary in-house designed tool based on the Arkansas Common Core Standards. Our diagnostic assessment identifies areas of proficiency and areas in need of improvement as per the standards.

Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. We take the Arkansas Common Core standards and adapt our program to it using technology and using our 220,000 question math engine and create and adapt our questions to the state standards and tailor the student learning plans to match the order of topics as laid out by the state.
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Student will be awarded a $25 gift card if the student completes 30 hours of tutoring.

Achievia Tutoring

Program Name	Name: **Achievia Tutoring Midwest, LLC** Doing Business As (DBA): **Achievia Tutoring**
Type of Entity (*check all that apply)*	**X** For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Huston E. (Gene) Sherrill** Address:**113 Old State Rd. #103** City**: Ellisville** State: **MO.** Zip: **63021** Phone:**314-477-3430** Fax: **636-386-8960** Email: **achievia1@aol.com** Website: **www.achieviatutoring.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. **X Check if information is same as Entity Contact Information.**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No **X** Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. **__1_____** 1. Is this application a reapplication of a currently approved provider? □ No **X** Yes 2. Is this application a reapplication of a previously removed provider? **X** No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? **X** No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. **KANSAS, MISSOURI,OKLAHOMA**

Service Area

List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state.

X Statewide □ Or List LEA Name(s) you intend to serve

Place of Service

Check the location(s) that best describe where you will deliver services to students:

□ Student's Home
□ Business
□ Community Center
□ Religious Facility (e.g., church, synagogue, mosque, temple)
X LEA Facility
□ Via Technology (check all that apply)
internet/online
software-based
other (please explain)
□ Access site for online/web-based providers:

Transportation

Do you provide transportation?
□ Yes **X** No
Transportation **may** be arranged with LEA or with contract service, if required
□ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

☐ English/Language Arts

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**

X Mathematics

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

□Science

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: **__2000+_____** **The number served is limited only by the availability of qualified tutors** Provide the **minimum** number of students that you require to begin services in an individual school: LEA: **__25_____** May work with LEA if number is lower
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize **X** English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): Spanish
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: **X** Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school **X** After school **X** Weekends **X** Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: _____ students: per tutor **__5:1_____**

Cost	List your fee **per hour**. $___**50.00**_____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. _____ **Grade/subject specific- California Achievia Test (CAT 5) PAGES 13 – 75 are examples of K, 3rd grade, HS for Math and Reading (examples only not complete tests which all grades and subjects would be approximately 950 pages) are attached per application instructions on Page 10 and recommendation from Dana Davis. All tests for all grades, K-12, for Reading and Math are available upon request.**
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. ____SRA – Mc Graw_Hill
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. **_Dictionary, Boggle Word Game, Scrabble Game, Jenga Game, __Black Velvet Art Kit, Giant Activity Set, Spot What 3D Book, ___Educational toys and books_____**

Against All Odds

Program Name	Name: Against All Odds Educational Services Doing Business As (DBA): Against All Odds
Type of Entity (*check all that apply)*	**x For-profit company** □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Robbie Williamson** Address**:** **8102 Charles Lane** City: **North Little Rock** State: **Arkansas** Zip: 72117 Phone**:** **870-270-6906** Fax: _____ Email: RWilliamson.aganistalloddstutoring@gmail.com Website:
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Ramona Elliott** Street Address: **8720 Ranch Blvd** City: **Little Rock** State: **AR** Zip: **72223** Phone: **501-960-8677** Fax: _____ Email: **Respchpath@sbcglobal.net** Website: _____

SES History

Are you currently or have you ever been an approved SES provider in Arkansas?

x No □ Yes (answer questions 1 -2)

If yes, number of years as an SES provider in Arkansas.

_____

1. Is this application a reapplication of a currently approved provider?
   □ No □ Yes

2. Is this application a reapplication of a previously removed provider?
   □ No □ Yes

Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program?

x No □ Yes

List any other State in which you are currently approved to provide Supplemental Educational Services.

Service Area

List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state.

□ Statewide **X** Or List LEA Name(s) you intend to serve

	LEA
1	Brinkley
2	Crossett
3	Dollarway
4	Dumas
5	Forrest City
6	Lee County
7	Little Rock
8	North Little Rock
9	Pine Bluff
10	Pulaski County Special
11	Watson Chapel
12	Wynne

<table>
<tr><td>Place of Service</td><td>Check the location(s) that best describe where you will deliver services to students:

x Student's Home
□ Business
x Community Center
x Religious Facility (e.g., church, synagogue, mosque, temple)
x LEA Facility
x Via Technology (check all that apply)
internet/online
software-based
other (please explain)
□ Access site for online/web-based providers:</td></tr>
<tr><td>Transportation</td><td>Do you provide transportation?
□ Yes x No</td></tr>
<tr><td>Subject Areas & Grade Levels to Serve</td><td>Check all subject(s) and grade(s) for each subject you will offer.
X Reading
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
<tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table>
X English/Language Arts
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
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</table>
X Mathematics
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
<tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
</table>
□Science
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>Maximum and Minimum Number of Students to Serve</td><td>Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined: 350

Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA: 5</td></tr>
</table>

Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □Do not specialize **x** English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): **_Spanish__**
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize **X** Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing **X** Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay **X** Specific learning disability **X** Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school **X** After school **X** Weekends **X** Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: **8** students: per tutor **1**
Cost	List your fee **per hour**. **$50.00** maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. PassKey Pre and Post-test (ACTTAP) Interim Test (ACTAPP) Achieve Forecast Student Test Results
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. ELLA, Buckle Down Curriculum, ELL
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. **movie passes gift cards, pens, pencils, field trip, school supplies, back pack, etc.**

America's Learning Solutions

Program Name	Name: **Cindi Adcock** Doing Business As (DBA): **America's Learning Solutions**
Type of Entity (*check all that apply)*	**X** For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Cindi Adcock** Address: **PO BOX 1539** City: Nashville State: Arkansas Zip: **71852** Phone: **479-264-0323** Fax: **870-385-2502** Email: **cindiadcock@americaslearningsolutions.com** Website: **www.americaslearningsolutions.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. **X Check if information is same as Entity Contact Information.**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? **X** No □ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _____ 1. Is this application a reapplication of a currently approved provider? **X** No □ Yes 2. Is this application a reapplication of a previously removed provider? **X** No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? **X** No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. **X** Statewide □ Or List LEA Name(s) you intend to serve

Place of Service

Check the location(s) that best describe where you will deliver services to students:

X Student's Home
X Business
X Community Center
X Religious Facility (e.g., church, synagogue, mosque, temple)
XLEA Facility
X Rented Space
□ Via Technology (check all that apply)
internet/online
software-based
other (please explain)
□ Access site for online/web-based providers:

Transportation

Do you provide transportation?

□ Yes **X** No Transportation will be provided by parents/family unless other arrangements are made.

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
x	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**

X English/Language Arts

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
x	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**

X Mathematics

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
x	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**

□Science

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: **1,000** Provide the **minimum** number of students that you require to begin services in an individual school: LEA: **10**
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize **X** Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): **X** Autism spectrum disorder □ Deaf □ Blind **X** Deaf/hard of hearing **X** Emotional/behavioral disorder **X** Mild Intellectual disability **X** Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability **X** Significant Developmental delay **X** Specific learning disability **X** Speech-language impairment **X** Traumatic brain injury □ Visual impairment □ Orthopedic impairment **X** Other health impairment: Explain: No student will be turned away due to a disability. All IEP accommodations will be met.
Service Schedule	Select the service schedule you will offer to students (check all that apply): **X** Before school **X** After school **X** Weekends **X** Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: **5** students: per tutor **1**
Cost	List your fee **per hour**. $**50.00** maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours.*Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Developmental Reading Assessment (DRA) 1-8,Basic Reading Inventory (BRI) 1-12, Flynn-Cooter (K-12, Target Testing multiple choice and open response, 9-11

Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Common core State Standards K-2 (2011), Common core State Standards 3-8 (2012), Common Core State Standards 9-12 (2013), and Arkansas State Frameworks -2014
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. **Pens, pencils, backpacks, gift cards, pizza parties, movie passes, popcorn party, fieldtrips**

ATS Project Success

Program Name	Name: _Accuracy Temporary Services, Inc. Doing Business As (DBA): **ATS Project Success**
Type of Entity (*check all that apply)*	☑ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Renee Weaver-Wright** Address: **20674 Hall Rd.** City: **Clinton Township** State: **MI** Zip**: 48038** Phone: **(586) 465-9474 or 1-800-297-2119** Fax: **(586) 465-9481** Email: **info@ATSProjectSuccessWorks.com** Website: **www.ATSProjectSuccessWorks.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Mary Ann Majors** Street Address**: 308A Harden Dr.** City: **Perryville** State**: AR** Zip**: 72126** Phone: **(817) 371-1191** Fax**: (586) 465-9481** Email: **maryannm@atsprojectsuccessworks.com** *Website:* **www.ATSProjectSuccessWorks.com**

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No ☑ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. Five years (since 2006) 1. Is this application a reapplication of a currently approved provider? □ No ☑ Yes 2. Is this application a reapplication of a previously removed provider? ☑ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? ☑ No □ Yes If yes, provide an explanation with the entity name and state or federal agency of occurrence. List any other State in which you are currently approved to provide Supplemental Educational Services. Arkansas, California, Colorado, Delaware, Florida, Georgia (K-8), Illinois, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Vermont, Virginia, Washington, West Virginia, Wyoming
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. ☑ Statewide □ Or List LEA Name(s) you intend to serve
Place of Service	Check the location(s) that best describe where you will deliver services to students: ☑ Student's Home □ Business □ Community Center □ Religious Facility (e.g., church, synagogue, mosque, temple) □ LEA Facility ☑ Via Technology (check all that apply) ☑ internet/online ☑ software-based other (please explain) □ Access site for online/web-based providers: SuccessMaker - http://www.atsprojectsuccess.net, Odyssey - http://www.compasslearningodyssey.com/
Transportation	Do you provide transportation? □ Yes ☑ No □ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

☑ Reading

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

☐ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

☑ Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

□Science

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 1,000_____

Provide the **minimum** number of students that you require to begin services in an individual school: LEA: 1_____

Specific Student Populations Served: English Language Learners

Indicate whether your entity specializes in any of the following groups:

□ Do not specialize

☑ English Language Learner (ELL) students

If yes, list the particular language(s) (e.g., Spanish, French, Japanese): Spanish, Hmong_____

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize ☑ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): ☑ Autism spectrum disorder □ Deaf □ Blind ☑ Deaf/hard of hearing ☑ Emotional/behavioral disorder ☑ Mild Intellectual disability ☑ Moderate Intellectual disability ☑ Severe Intellectual disability □ Profound Intellectual disability ☑ Significant Developmental delay ☑ Specific learning disability ☑ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): ☑ Before school ☑ After school ☑ Weekends ☑ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 10 students: per tutor 1
Cost	List your fee **per hour**. $__50.00_____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Pearson's SuccessMaker Initial Placement Motion assessment is used for grades K-8 and CompassLearning's Odyssey Explorer is used for grades 9-12.

Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Students in grades K-8 and those that perform below the ninth grade instructional level will use Pearson's SuccessMaker® curriculum and students in grades 9-12 and those that perform above an eighth grade instructional level will use CompassLearning's Odyssey© curriculum.
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Students receive a certificate and an ATS medal.

Aurora Learning Center, LLC

Program Name	Name: **Aurora Learning Center, LLC** Doing Business As (DBA): _____	
Type of Entity (*check all that apply)*	X For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA)	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Miles Eggart** Address: **2218 Worth Lane, Suite A** City: **Springdale** State: **AR** Zip: **72764** Phone: **479-751-8156** Fax: **479-751-8085** Email: **miles.eggart@gmail.com** Website: _____	
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Mary Frances Kretschmar** Street Address: **2218 Worth Lane, STE A** City: **Springdale** State: **AR** Zip: **72764** Phone: **479-751-8156** Fax: **479-751-8085** Email: **mkretschmar@pgtc.com** Website: _____	

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? X No □ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _____ 1. Is this application a reapplication of a currently approved provider? X No □ Yes 2. Is this application a reapplication of a previously removed provider? X No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. □ Statewide X Or List LEA Name(s) you intend to serve LEA 1 Fort Smith Public School District 2 Van Buren School District 3 Lavaca Public Schools 4 Greenwood School District 5 Cedarville School District 6 Mountainburg School District 7 Mulb rry School District 8 Siloam School District 9 Rogers Public Schools 10 Gravette Public Schools 11 Springdale School District 12 Bentonville Public Schools 13 Fayetteville School District 14 Greenland School District 15 West Fork Public Schools 16 Madison Public Schools 17 Elkins School District 18 Prairie Grove Public Schools 19 Lincoln School District 20

Place of Service

Check the location(s) that best describe where you will deliver services to students:

□ Student's Home
□ Business
X Community Center
X Religious Facility (e.g., church, synagogue, mosque, temple)
X LEA Facility
□ Via Technology (check all that apply)
internet/online
software-based
other (please explain)
□ Access site for online/web-based providers:

Transportation

Do you provide transportation?

□ Yes *X* No

□ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

☐ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11

X Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

□Science

K	1	2	3	4	5	6	7	8		10	11

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 2,500

Provide the **minimum** number of students that you require to begin services in an individual school: LEA: 10

Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____Spanish and Marshallese_____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing X Emotional/behavioral disorder X Mild Intellectual disability X Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school X After school X Weekends □ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: __6____ students: per tutor ____1_____

Cost	List your fee **per hour**. $__50_____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. ___TerraNova 3_____
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. __McGraw Hill _SRA material – both Math and Reading
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. __Gift Card – based on attendance and progress___

BE Keepers Unlimited, LLC

Program Name	Name: BE Keepers Unlimited, LLC Doing Business As (DBA):**BE Keepers Unlimited, LLC**	
Type of Entity (*check all that apply)*	X For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA)	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____

Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **HEnri SMothers** Address**: 8 Buffington Court** City: **Little Rock**, State**: AR** Zip: **72209** Phone: **501-960-2768** Fax**: 501-565-2328** Email: **bekeepersunlimited@yahoo.com** Website: _____
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. X **Check if information is same as Entity Contact Information.**

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No X Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. 3 1. Is this application a reapplication of a currently approved provider? □ No X Yes 2. Is this application a reapplication of a previously removed provider? X No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes If yes, provide an explanation with the entity name and state or federal agency of occurrence. List any other State in which you are currently approved to provide Supplemental Educational Services.

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. □ Statewide X Or List LEA Name(s) you intend to serve LEA 1 Augusta 2 Dollarway 3 Forrest City 4 Fort Smith 5 Gurdon 6 Hot Springs 7 Jonesboro 8 Little Rock 9 Lonoke 10 Magnolia 11 Marked Tree 12 North Little Rock 13 Pine Bluff 14 Pu aski County Special School District 15 Sheridan 16 Stuttgart 17 West Memphis 18 Wynne 19 Hope 20 Bryant

Place of Service	Check the location(s) that best describe where you will deliver services to students: X Student's Home □ Business X Community Center X Religious Facility (e.g., church, synagogue, mosque, temple) X LEA Facility □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? □ Yes □ No *X* At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	**1**	**2**	**3**	**4**		**6**	**7**	**8**	**9**	**10**	**11**
X	X	X	X	X	X	X	X	X	X		

X English/Language Arts

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
X	X	X	X	X	X	X	X	X	X		

*X*Mathematics

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
X	X	X	X	X	X	X	X	X	X		

□Science

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**

Maximum and Minimum Number of Students to Serve	Provide the **<u>maximum</u>** number of students that you will have the capacity to serve in all service areas combined: 500 Provide the **<u>minimum</u>** number of students that you require to begin services in an individual school: LEA: 5
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: X Do not specialize □ English Language Learner (ELL) students

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay X Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): X Before school X After school X Weekends X Summer

Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 5 students: per tutor 1
Cost	List your fee **per hour**. $50.00 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Omni Test Ready Reading/Language Arts Omni Test Ready Math Comprehensive Assessment Reading Strategies (CARS) and Comprehensive Assessment of Mathematic Strategies (CAMS)
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Curriculum Associates Strategies to Achieve Reading Success (STARS) Curriculum Associates Strategies to Achieve Math Success (STAMS)

Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Pencils, Pens, Books, Dictionaries, Thesauruses, Rulers, Back Packs, Awards Celebrations, Ice Cream Parties, Pizza Parties, Educational Games, Trophies, Ribbons, Certificates

Boys and Girls Clubs of Central Arkansas

Program Name	Name: A Clubs - Boys & Girls Clubs Doing Business As (DBA): **Boys & Girls Clubs of Central Arkansas**	
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA)	Community-Based Organization □ Private School □ Faith-Based Organization x Other: _not for profit_____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Cindy Doramus** Address: **1616 W. 3rd** City**: Little Rock** State: **AR** Zip: **72201** Phone: **501-666-8816** Fax: **501-666-3748** Email: **cdoramus@arclubs.org** Website: **www.arclubs.org**	

Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Shelby Kriz** Street Address: **1616 W. 3rd** City: **Little Rock** State: **AR** Zip: **72201** Phone: **501-666-8816** Fax: **501-666-3748** Email: **skriz@arclubs.org** Website: **www.arclubs.org**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No x Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. ____2_____ 1. Is this application a reapplication of a currently approved provider? □ No x Yes 2. Is this application a reapplication of a previously removed provider? x No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? x No □ Yes

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. □ Statewide x Or List LEA Name(s) you intend to serve

	LEA
1	Little Rock School District

Place of Service	Check the location(s) that best describe where you will deliver services to students: □ Student's Home □ Business x Community Center □ Religious Facility (e.g., church, synagogue, mosque, temple) □ LEA Facility □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? □ Yes *x* No At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	1	2	3	4	5	6	7	8	9	10	11
	x	x	x	x	x	x	x	x			

☐ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
	x	x	x	x	x	x	x	x			

X Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
	x	x	x	x	x	x	x	x			

Science

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: ___500_____

Provide the **minimum** number of students that you require to begin services in an individual school: LEA: ___1_____

Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: x Do not specialize □ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: x Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004):
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school x After school □ Weekends x Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: __10____ students: per tutor ____1_____
Cost	List your fee **per hour**. $__50_____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. _____ _____ Kids College Student Assessment Report
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. _____ _____ Kids College Learning System

Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. __pencils, pizza party, wrist bands, cookies, snacks, _____ certificates of achievement, t-shirt, movie passes, field trips_____

Club Z! In-Home Tutoring Services, Inc.

Program Name	Name: **Club Z! In-Home Tutoring Services, Inc.** Doing Business As (DBA): _____
Type of Entity (*check all that apply)*	☑ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Todd Walden, Director of Federal Programs** Address: **15310 Amberly Drive, Suite #110** City: **Tampa** State: **FL** Zip: **33647** Phone: **888.434.2582** Fax: **813.549.0185** Email: **ses@clubztutoring.com** Website: **www.clubztutoring.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Cari E. Diaz** Street Address: **8340 Eagle Crest Drive** City: **Rogers** State: **AR** Zip: **72756** Phone: **501.255.0556** Fax**: 813.549.0185** Email: **ses@clubztutoring.com** Website: **www.clubztutoring.com**

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No ☑ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. __**5 (since March 2006)**_____ 1. Is this application a reapplication of a currently approved provider? □ No ☑ Yes 2. Is this application a reapplication of a previously removed provider? ☑ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? ☑ No □ Yes If yes, provide an explanation with the entity name and state or federal agency of occurrence. **N/A** List any other State in which you are currently approved to provide Supplemental Educational Services. *Alaska, Arizona, California, Colorado, Delaware, District of Columbia, Florida, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wyoming*
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. ☑ Statewide □ Or List LEA Name(s) you intend to serve
Place of Service	Check the location(s) that best describe where you will deliver services to students: ☑ Student's Home □ Business ☑ Community Center ☑ Religious Facility (e.g., church, synagogue, mosque, temple) ☑ LEA Facility □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? □ Yes ☑ No □ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

☑ Reading

K	1	2	3	4	5	6	7	8	9	10	11
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

☑ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

☑ Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

□Science

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: ___**5,000**___

Provide the **minimum** number of students that you require to begin services in an individual school: LEA: ___**3**___

Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize ☑ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): *Club Z! will always be able to accommodate Spanish speakers, and will make every attempt to accommodate any language as needed.*
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize ☑ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): ☑ Autism spectrum disorder ☑ Deaf ☑ Blind ☑ Deaf/hard of hearing ☑ Emotional/behavioral disorder ☑ Mild Intellectual disability ☑ Moderate Intellectual disability ☑ Severe Intellectual disability ☑ Profound Intellectual disability ☑ Significant Developmental delay ☑ Specific learning disability ☑ Speech-language impairment ☑ Traumatic brain injury ☑ Visual impairment ☑ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): ☑ Before school ☑ After school ☑ Weekends ☑ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: *1 student : 1 tutor (In-Home)* *6 students : 1 tutor (Small Group)*

Cost	List your fee **per hour**. $ **50.00** maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. *The Group Reading Assessment and Diagnostic Evaluation (GRADE), the Group Mathematic Assessment and Diagnostic Evaluation (GMADE), the Kaufman Test of Educational Achievement II (KTEA-II), and the Reading and Math Level Indicators (RLI and MLI)*
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered.
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. *Club Z! does not typically offer incentives; however should performance-based or completion incentives be necessary to encourage participation, Club Z! will only provide incentives that are $50 or less in value, per the EIA guidelines, and only if allowable by the LEA.*

Confidence Music

Program Name	Name: Confidence Music Group Doing Business As (DBA): **Confidence Music**
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Isaac Barnes** Address: **850 Central Parkway E. Ste. 260** City: **Plano** State: **TX** Zip: **75074** Phone: **972-423-9801** Fax: **972-423-9836** Email: ***info@confidencemusic.org*** Website: ***www.confidencemusic.org***
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. √ **Check if information is same as Entity Contact Information.**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No √ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _5_____ 1. Is this application a reapplication of a currently approved provider? □ No √ Yes 2. Is this application a reapplication of a previously removed provider? √ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? √ No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. *TEXAS*
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. √ Statewide □ Or List LEA Name(s) you intend to serve

<table>
<tr><td>Place of Service</td><td>Check the location(s) that best describe where you will deliver services to students:

□ Student's Home
□ Business
√ Community Center
√Religious Facility (e.g., church, synagogue, mosque, temple)
√ LEA Facility
□ Via Technology (check all that apply)
internet/online
software-based
other (please explain)
□ Access site for online/web-based providers:</td></tr>
<tr><td>Transportation</td><td>Do you provide transportation?

□ Yes □ No

√ At Select Sites Only</td></tr>
<tr><td>Subject Areas & Grade Levels to Serve</td><td>Check all subject(s) and grade(s) for each subject you will offer.
√ Reading
<table><tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td></tr></table>√ English/Language Arts
<table><tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td></tr></table>√ Mathematics
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<table><tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr>
</table>

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: __There is no maximum we will serve all of our students, adjustments will be made to safely and effectively accommodate each students_____ Provide the **minimum** number of students that you require to begin services in an individual school: LEA: __15_____
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize √ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): Spanish
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize √ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder √ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): √ Before school √ After school √ Weekends □ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 10 students: per tutor 1

Cost	List your fee **per hour**. $50 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Buckle Down Assessments
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. The Buckle Down Curriculum
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Gift cards for completing the program objectives at the end of the program

Educate Online

Program Name	Name: Educate Online Learning, LLC Doing Business As (DBA): Educate Online
Type of Entity (*check all that apply)*	✓ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Angela Belt** Address: **1001 Fleet Street, 8th Floor** City: **Baltimore** State: **MD** Zip: **21202** Phone: **410-843-2672** Fax: **410-843-2629** Email: ***state@educate-online.com*** Website: **http://www.educate-online.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Bach Du** Address: **1001 Fleet Street, 8th Floor** City: **Baltimore** State: **MD** Zip: **21202** Phone: **410-843-2756** Fax: **410-843-2629** Email: ***Arkansas@educate-online.com*** Website: **http://www.educate-online.com**

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No ✓ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas: 2007-2009 and 2010-2011 1. Is this application a reapplication of a currently approved provider? □ No ✓ Yes 2. Is this application a reapplication of a previously removed provider? ✓ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? ✓ No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. Alaska, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Illinois, Kansas, Kentucky, Louisiana, Maryland, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, West Virginia, Wisconsin, Wyoming

Service Area

List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state.

□ Statewide ✓ Or List LEA Name(s) you intend to serve

	LEA
1	Alma School District
2	Arkadelphia School District
3	Ashdown School District
4	Augusta School District
5	Beebe School District
6	Berryville School District
7	Blevins School Distric
8	Blytheville School District
9	Booneville School District
10	Brinkley School District
11	Cabot School District
12	Camden School District
13	Centerpoint School District
14	Clarendon School District
15	Clarksville School District
16	Cleveland County School District
17	Conway School District

	LEA
52	Jonesboro School District
53	Junction City School District
54	Kirby School District
55	Lafayette County School District
56	Lake Hamilton School District
57	Lakeside School District
58	Lee County School District
59	Lincoln School District
60	Little Rock School District
61	Lonoke School District
62	Magnolia School District
63	Malverna School District
64	Manila School District
65	Marion School District
66	Marked Tree School District
67	Marvell School District
68	McGehee School District
69	Mena School District
70	Mineral Springs School District

Place of Service

Transportation

Check the location(s) that best describe where you will deliver services to students:

✓ Student's Home
□ Business
✓ Community Center
✓ Religious Facility (e.g., church, synagogue, mosque, temple)
✓ LEA Facility
✓ Via Technology (check all that apply)
✓ internet/online, with live teachers
software-based
other (please explain)
□ *Access site for online/web-based providers:*

Most often, students will log on from home.

Do you provide transportation?

□ Yes ✓No

□ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

✓Reading

K	1	2	3	4	5	6	7	8	9	10	11
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

☐ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11

✓Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

□Science

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve	Provide the **<u>maximum</u>** number of students that you will have the capacity to serve in all service areas combined: 2000 Provide the **<u>minimum</u>** number of students that you require to begin services in an individual school: LEA: 1
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize ✓ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): Spanish
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize ✓ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing ✓Emotional/behavioral disorder ✓ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment ✓ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school ✓ After school ✓ Weekends ✓ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 3 students: per tutor 1

Cost	List your fee **per hour**. $50 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. California Achievement Test
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Academic Reading and Math Essentials
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. **Educate Online rewards those who want to learn via a "token" system.** This motivational system allows for teachers to issue virtual tokens to students during sessions for mastering skills, effort, arriving on time, staying focused, etc. The student can then use the tokens to purchase school supplies and small toys in our online store. Most items have a value of around $2.00. The number of tokens a student can acquire is limited according to state guidelines, but students would never be allowed to earn more than $50.00 worth of tokens in Arkansas. Both students and parents can keep track of the tokens students acquire on our website. Educate Online does not offer sign-up incentives, and only shares information about the token system with families after enrollment.

Educators Consulting Academic Rx

Program Name	Name: **EDUCATORS CONSULTING ACADEMIC Rx** Doing Business As (DBA): _____
Type of Entity (*check all that apply)*	X For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: Dr. PAT E ADCOCK Address: **PO Box 21728** City: **HOT SPRINGS** State: **AR** Zip: **71903** Phone: **501 525 0482** Fax: **501 525 0129** Email: **ecs@arkansas.net** Website: **educatorsconsulting.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. X **Check if information is same as Entity Contact Information.**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No X Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. 6-YEARS 1. Is this application a reapplication of a currently approved provider? □ No X Yes 2. Is this application a reapplication of a previously removed provider? X No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. X Statewide □ Or List LEA Name(s) you intend to serve

Place of Service

Check the location(s) that best describe where you will deliver services to students:

□ Student's Home
□ Business
X Community Center
□ Religious Facility (e.g., church, synagogue, mosque, temple)
X LEA Facility
□ Via Technology (check all that apply)
internet/online
software-based
other (please explain)
□ Access site for online/web-based providers:

Transportation

Do you provide transportation?

□ Yes □ No

X At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

X English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

X Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

X Science

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 150
Provide the **minimum** number of students that you require to begin services in an individual school: LEA: 10

Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): SPANISH
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder X Mild Intellectual disability X Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): X Before school X After school X Weekends X Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: _____ students: per tutor ___7_____
Cost	List your fee **per hour**. $_50.00_____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. ECKWALL-SHANKER--READING/LITERACY*****TRIAND GENERATED ASSESSMENT—MATH;
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. ECARx SELF GENERATED CURRICULUM
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. SCHOOL SUPPLIES; GIFT CARDS; EDUCATIONAL RELATED FIELD TRIPS PIZZA PARTY (GROUP ONLY NOT INDIVIDUALS)

Exceeding the Odds, LLC

Program Name	Name: Exceeding the Odds, LLC Doing Business As (DBA): **Exceeding the Odds, LLC**
Type of Entity (*check all that apply)*	X For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Phylistia F. Stanley** Address: **Post Office Box 161** City: **Aubrey** State**: AR** Zip: **72311** Phone: **870-295-0415** Fax: **870-295-3314** Email: ***exceedingtheodds2@yahoo.com*** Website: N/A
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Phylistia F. Stanley** Street Address: **23 South Poplar Street** City: **Marianna** State: **AR** Zip**: 72360** Phone: **870-295-0415** Fax: **870-295-3314** Email: **exceedingtheodds2@yahoo.com** Website: N/A

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No X Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. Three 3. Is this application a reapplication of a currently approved provider? □ No X Yes 4. Is this application a reapplication of a previously removed provider? X No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. N/A

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. □ Statewide X Or List LEA Name(s) you intend to serve LEA 1 Blytheville 2 Brinkley 3 Dollarway 4 Dumas 5 Earle 6 Forrest City 7 Helena/West Helena 8 Hughes 9 Lee County 10 Little Rock 11 Marvell 12 North Little Rock 13 Palesti e/Wheatley 14 Pine Bluff 15 Pulaski County Special 16 Sheridan 17 West Memphis 18 White Hall 19 Wynne

<table>
<tr><td>Place of Service</td><td>Check the location(s) that best describe where you will deliver services to students:

X Student's Home
X Business
X Community Center
X Religious Facility (e.g., church, synagogue, mosque, temple)
X LEA Facility (if available)
□ Via Technology (check all that apply)
internet/online
software-based
other (please explain)
□ Access site for online/web-based providers:</td></tr>
<tr><td>Transportation</td><td>Do you provide transportation?
X Yes □ No
□ At Select Sites Only</td></tr>
<tr><td>Subject Areas & Grade Levels to Serve</td><td>Check all subject(s) and grade(s) for each subject you will offer.
X Reading
<table><tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>
X English/Language Arts
<table><tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>
X Mathematics
<table><tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>
□Science
<table><tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr>
<tr><td>Maximum and Minimum Number of Students to Serve</td><td>Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined: 1000
Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA: 5</td></tr>
<tr><td>Specific Student Populations Served: English Language Learners</td><td>Indicate whether your entity specializes in any of the following groups:
X Do not specialize
□ English Language Learner (ELL) students
If yes, list the particular language(s) (e.g., Spanish, French,
Japanese): _____</td></tr>
</table>

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): X Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing X Emotional/behavioral disorder X Mild Intellectual disability X Moderate Intellectual disability X Severe Intellectual disability X Profound Intellectual disability □ Significant Developmental delay X Specific learning disability X Speech-language impairment X Traumatic brain injury X Visual impairment □ Orthopedic impairment X Other health impairment: Explain: We offer services to students who have been identified as having ADHD, ADD, and ODD (if those disabilities have an adverse affect on learning).
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school X After school X Weekends X Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 10 students: per tutor 1
Cost	List your fee **per hour**. $50.00 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Kindergarten students will be diagnosed using tools developed by our Math and Literacy Instructional Specialists/Coaches. We will use *Scoring High* for first grade students. *Buckle Down Publishing* materials (Form A) will be used for second through 12 grades.

Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. For kindergarten students, we will use materials developed by our Math and Literacy Instructional Specialists for English/Reading and math. We will incorporate *Using the Standards for Algebra*, *Skill Sharpeners Math*, *Spectrum Reading, Spectrum Math, Skills for Scholars- Phonics, and Preschool Workbooks* (for lower functioning students). First grade students will utilize *Scoring High* and materials developed by our instructional specialist/coaches. *Buckle Down Publishing* materials, Released Items, and materials developed by our instructional specialists/coaches will be incorporated for second through 12th grade students. *Scoring High* materials may be used also.
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. • Pizza or Ice Cream Parties • Field Trips (if allowed by the LEA) • Barber Shop Gift Card (basic hair cuts) • Nail Shop Gift Cards (basic nail services) • Tickets to attend school functions (i.e., ball games) • Movie Passes • School Supplies (pencils, paper, pens, backpacks) • Socks • Pony Tail Holders and/or bows • T-Shirts

Excellence At Home

Program Name	Name: Excellence At Home, Inc. Doing Business As (DBA): **Excellence At Home**
Type of Entity (*check all that apply)*	X For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Angela R. Hilson** Address: **6000 Poplar Avenue, Suite 250** City: **Memphis** State: **TN** Zip: **38119** Phone: **901-217-3600** Fax: **901-531-8244** Email: **info@excellenceathometutoring.com** Website: **www.excellenceathometutoring.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. X **Check if information is same as Entity Contact Information.**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? X No □ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _____ 1. Is this application a reapplication of a currently approved provider? □ No □ Yes 2. Is this application a reapplication of a previously removed provider? □ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. Tennessee

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. X Statewide □ Or List LEA Name(s) you intend to serve
Place of Service	Check the location(s) that best describe where you will deliver services to students: X Student's Home □ Business X Community Center □ Religious Facility (e.g., church, synagogue, mosque, temple) X LEA Facility X Via Technology (check all that apply) internet/online software-based other <u>(please explain)</u> □ Access site for online/web-based providers:
Transportation	Do you provide transportation? □ Yes □ No *X* At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

XReading

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

☐ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

XMathematics

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

XScience

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

Maximum and Minimum Number of Students to Serve	Provide the **<u>maximum</u>** number of students that you will have the capacity to serve in all service areas combined: 500 Provide the **<u>minimum</u>** number of students that you require to begin services in an individual school: LEA: 1
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize □ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): X Before school X After school X Weekends X Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 10 students: per tutor 10:1

Cost	List your fee **per hour**. $ 50 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Academy Academic Assessment Test (Language Arts) PK-12 Academy Academic Assessment Test (Mathematics) PK-12
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Excellence Standard Core Curriculum Arkansas District Curriculum Textbooks and Supplemental Material
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Gifts cards, awards luncheons, movie passes, educational material

FDDOC, Inc.

Program Name	Name: FDDOC, Inc. (Fully Devoted Developer of Children) After School Tutoring Program Doing Business As (DBA): **FDDOC, Inc.**
Type of Entity (*check all that apply)*	✓ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Wanda Simpson** Address: **425 Ashley Ridge, Ste 370** City: **Shreveport** **State:** LA **Zip**: 71106 Phone: **318 212 1846** Fax: **318 212 1848** Email: fddocsimpson@gmail.com Website: www.fddoc.com
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Alaina Johnson** Street Address: **#3 Sierra Valley Cove** City: **Maumelle** State: **AR** Zip: **72113** Phone: **501 772 8800** Fax: **318 212 1848** **Email: ajohnson@gmail.com** Website: **www.fddoc.net**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No ✓ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. __5_____ 1. Is this application a reapplication of a currently approved provider? □ No ✓ Yes 2. Is this application a reapplication of a previously removed provider? ✓ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? ✓ No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. Louisiana

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. ✓ Statewide □ Or List LEA Name(s) you intend to serve
Place of Service	Check the location(s) that best describe where you will deliver services to students: □ Student's Home □ Business ✓ Community Center ✓ Religious Facility (e.g., church, synagogue, mosque, temple) ✓ LEA Facility □ Via Technology (check all that apply) internet/online software-based other <u>(please explain)</u> □ Access site for online/web-based providers:
Transportation	Do you provide transportation? ✓ Yes □ No □ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

✓ Reading

K	1	2	3	4	5	6	7	8	9	10
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

✓ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

✓Mathematics

K	1	2	3	4	5	6	7	8	9	10
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

✓ Science

K	1	2	3	4	5	6	7	8	9	10
			✓	✓	✓	✓	✓	✓	✓	✓

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 3000 Provide the **minimum** number of students that you require to begin services in an individual school: 10 LEA: 10
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: ✓ Do not specialize □ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: ✓ Do not specialize ✓ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): ✓ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing ✓ Emotional/behavioral disorder ✓ Mild Intellectual disability ✓ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay ✓ Specific learning disability ✓ Speech-language impairment □ Traumatic brain injury □ Visual impairment ✓ Orthopedic impairment ✓ Other health impairment: ADD with or without Hyperactivity Explain: FDDOC has served students with the above identified disabilities and follows the ILP for after-school instruction.
Service Schedule	Select the service schedule you will offer to students (check all that apply): ✓ Before school ✓ After school ✓ Weekends ✓ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 10 students: per tutor 1

Cost	List your fee **per hour**. $50.00 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. *FAST (Fast Assessment of Skills Targeting After School)* Reading/language arts and Math K-12; *Buckle Down/Coach*Triumph Learning Pre Post Science (3-12)
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Scholastic Reading/ELA (K-12): Harcourt/Houghton Mifflin Math (K-12); Buckle Down/ Coach/Triumph Publishing Reading and Math (K-12); and Science (3-12)
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Gift Cards, Movie Cards, Food Cards, Book Bags, Pencils, Pens, Books, Back Packs. (Field trip if coordinated with and allowed by LEA)

Hold My Hand Student Support Initiative

Program Name	Name: **Walk With Me Community Improvement Center** Doing Business As (DBA): **Hold My Hand Student Support Initiative**
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) √ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **LaToyia L. Porter** Address: **PO Box 770653** City: **New Orleans** State: **LA** Zip: **70117** Phone: **281-690-3703 cell 985-218-9494 office** Fax: **985-218-9495** Email: **LatoyiaLporter@aol.com** Website: **www.walkwithmecic.org**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Krystal Brown** Street Address: **914 N. 3rd Street** City: **McGehee** State: **AR** Zip: **71654** Phone: **773-350-1747** Fax: **985-218-9495** Email: **KrystalCBrown@yahoo.com** Website: **www.walkwithmecic.org**

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? √ No □ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _____ 1. Is this application a reapplication of a currently approved provider? □ No □ Yes 2. Is this application a reapplication of a previously removed provider? □ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? √ No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. **Currently Walk With Me CIC is an approved provider in Louisiana.**

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. √ Statewide □ Or List LEA Name(s) you intend to serve

Place of Service	Check the location(s) that best describe where you will deliver services to students: √ Student's Home √ Business √ Community Center √ Religious Facility (e.g., church, synagogue, mosque, temple) √ LEA Facility √ Via Technology (check all that apply) √ internet/online √ software-based √ other (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? √ Yes □ No □ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

√ □Reading

K	1	2	3	4	5	6	7	8	9	10	11
√	√	√	√	√	√	√	√	√	√	√	√

√ □ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
√	√	√	√	√	√	√	√	√	√	√	√

√ □ Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
√	√	√	√	√	√	√	√	√	√	√	√

√ □ Science

K	1	2	3	4	5	6	7	8	9	10	11
√	√	√	√	√	√	√	√	√	√	√	√

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: we have no maximum. **As an organization we are able t serve as many students that select us as their provider.** Provide the **minimum** number of students that you require to begin services in an individual school: LEA: **10**
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize √ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): **Spanish, Chinese, & Korean**

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize √ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder √ Deaf □ Blind √ Deaf/hard of hearing √ Emotional/behavioral disorder √ Mild Intellectual disability √ Moderate Intellectual disability √ Severe Intellectual disability √ Profound Intellectual disability √ Significant Developmental delay √ Specific learning disability √ Speech-language impairment □ Traumatic brain injury □ Visual impairment √ Orthopedic impairment √ Other Explain: **Dyslexia**
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school √ After school √ Weekends √ Summer

Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: **10** students: per tutor **1**
Cost	List your fee **per hour**. $**50**___ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Bright Education Computer Based Diagnostic Bright Education Standardized Diagnostic Assessment USA Test Prep Computer Based Diagnostic Hold My Hand Comprehensive Grade Level Benchmark Diagnostic Assessment
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered.

Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. **If allowed and approved by the LEA Movie Passes, Skating passes, bowling, sporting events, plays, operas, culturally diverse entertainment such as symphonies, Cd's, MP3 players, pens, pencils, certificates, gift cards, and back packs, to name a few will be used as incentives for students achieving attendance goals, reaching academic and behavioral benchmarks and/or completing assessments and program objectives. As a supplemental Educational Service Provider we will ensure that our incentives are not advertised in advance of actual enrollment and ensure that performance rewards do not exceed the maximum value of $50. Furthermore, the administration staff of Walk With Me CIC will submit incentive reports to the DOE disclosing the items that were disseminated to students as incentives.**

Hot Springs Family YMCA Learning Center

Program Name	Name: The Hot Springs Family YMCA Doing Business As (DBA): **The Hot Springs Family YMCA Learning Center**	
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA)	X Community-Based Organization □ Private School □ Faith-Based Organization □ Other:

Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Lisa Autry** Address: **130 Werner Street** City: **Hot Springs** State: **Arkansas** Zip: **71913** Phone: **501-623-8803** Fax: **501-623-1310** Email: **lautry@hsymca.com** Website: **www.hsymca.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. X **Check if information is same as Entity Contact Information.**

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No X Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. 2 years 1. Is this application a reapplication of a currently approved provider? □ No X Yes 2. Is this application a reapplication of a previously removed provider? □ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. □ Statewide □ Or List LEA Name(s) you intend to serve

	LEA
1	The Hot Springs School District
2	Lake Hamilton School District

Place of Service	Check the location(s) that best describe where you will deliver services to students: □ Student's Home X Business □ Community Center □ Religious Facility (e.g., church, synagogue, mosque, temple) □ LEA Facility □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? *X* Yes □ No □ At Select Sites Only

Subject Areas & Grade Levels to Serve	Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
x	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**			

X English/Language Arts

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 125 Students Provide the **minimum** number of students that you require to begin services in an individual school: LEA: 5 Students
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: X Do not specialize □ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): X Autism spectrum disorder X Deaf □ Blind X Deaf/hard of hearing X Emotional/behavioral disorder X Mild Intellectual disability X Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay X Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment X Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school X After school □ Weekends X Summer

Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: students: per tutor 1
Cost	List your fee **per hour**. $50.00 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Dibels K/1/2 : Phonemic Awareness/ Fluency Early Reading Diagnostic Assessment (ERDA) K-3: Letter Knowledge/ Comprehension Phonological Awareness Skills Test (PAST) -3+: Phonemic Awareness Test of Work Reading Efficiency (TOWRE) -3+: Decoding Skills/ Fluency/ Accuracy Arkansas Writing Rubric 2+: Gentry Stages of Writing K/1: TLI Writing Prompts K+: Miscue Analysis K+: Singapore Math SAT 10
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Scholastic Guided Reading Program Skill Builders: Math, Reading, Language Arts and Science A to Z Reading I . Science MaTe Curriculum Integrating Science Edhelper.com: Math, Science, Reading and Language Arts Afterschool Achievers Math Club

Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Pens YMCA Logo Backpack YMCA T-Shirts Pizza Party Ice Cream Party

Huntington Learning Centers, Inc.

Program Name	Name: **Huntington Learning Centers, Inc.** Doing Business As (DBA): _____	
Type of Entity (*check all that apply)*	✓ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA)	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____

Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name**:** **Danielle Sarnicola** Address: **496 Kinderkamack Road** City: **Oradell** State**:** **NJ** Zip: **07649** Phone: **800-692-8400 x403** Fax: **800-466-1831** Email: **HuntingtonSES@hlcses.com** Website: **www.freeschooltutoring.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person**:** **Bryan Redditt** Street Address: 11525 Cantrell Road, Suite 603 City: **Little Rock** State**:** **AR** Zip: 72212 Phone**:** **501-217-3888** Fax: **501-223-2828** Email**:** **ReddittB@hlcmail.com** Website: **www.freeschooltutoring.com**

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No ✓ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. ___7_____ 1. Is this application a reapplication of a currently approved provider? □ No ✓ Yes 2. Is this application a reapplication of a previously removed provider? ✓ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? ✓ No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. In 2010-2011 Huntington Learning Centers was approved by 32 states and the District of Columbia including Arkansas, Arizona, California, Colorado, Connecticut, Delaware, Florida, Iowa, Indiana, Illinois, Idaho, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Massachusetts, Maine, Missouri, Montana, Maryland, Nevada, New Mexico, North Carolina, New York, Nebraska, New Jersey, Oklahoma, Ohio, Oregon, Pennsylvania, Rhode Island, Texas, Utah, Virginia, Vermont, Washington, West Virginia, Wisconsin and Wyoming. So far for the 2011-2012 year, Huntington has been approved in California, Colorado, Illinois, Kentucky, Louisiana, Maryland, New York, Minnesota, Montana, Ohio, Virginia, and West Virginia.

Service Area

List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state.

□ Statewide ✓ Or List LEA Name(s) you intend to serve

	LEA
1	Alma
2	Benton

Place of Service	Check the location(s) that best describe where you will deliver services to students: □ Student's Home Business ✓ Community Center ✓ Religious Facility (e.g., church, synagogue, mosque, temple) ✓ LEA Facility □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? ✓Yes No □ At Select Sites Only

Subject Areas & Grade Levels to Serve	Check all subject(s) and grade(s) for each subject you will offer.

✓ Reading

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

✓English/Language Arts

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 1000 Provide the **minimum** number of students that you require to begin services in an individual school: LEA: 30
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize ✓ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): All instruction is provided in English.
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize ✓ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder ✓ Mild Intellectual disability ✓ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay ✓Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): ✓ Before school ✓ After school ✓ Weekends ✓ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 6 students: per 1 tutor
Cost	List your fee **per hour**. $ 50 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. The California Achievement Test (CAT/5™)
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. For our math program, we have integrated curriculum components from *Scott Foresman-Addison Wesley Mathematics* and *Prentice Hall Mathematics*, as well as the *Sullivan Programmed Math Series*. We also use manipulative resources such as *Classroom Money Set*, *Connecting People*, and *Fraction Burger*. For our reading program, we use curricula such as the *SRA Specific Skills Series* and the *SRA Reading Labs*, as well as Core Reading Programs, including *Merrill Reading Skill Text Series, New Practice Reader,* and *Sullivan Programmed Reader.*
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Huntington may offer a nominal reward to students for things such as attendance and/or completion of the program. The rewards are given in the form of give-aways such as pens, pencils, stickers, rulers, etc. We may also provide a completion ceremony or pizza party at the end of the program. All rewards will have a value of no more than $50.

In His Image Youth Development Center

Program Name	Name: **In His Image Youth Development Center** Doing Business As (DBA): _____	
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA)	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____

Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Charlesetta Harville** Address: **5705 West 65th Street** City**: Little Rock** State: **AR** Zip: **72209** 501-562-3910 Phone: _____ Fax: **501-562-4208** Email: **ihiydc@aol.com** Website: _____
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Charlesetta Harville** Street Address: **5705 West 65th Street** City: **Little Rock** State: **AR** Zip**: 72209** Phone: **501-562-3910** Fax: **501-562-4208** Email: **ihiydc@aol.com** Website: _____
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No □ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. 4 years 1. Is this application a reapplication of a currently approved provider? □ No □ Yes 2. Is this application a reapplication of a previously removed provider? □ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? □ No □ Yes IList any other State in which you are currently approved to provide Supplemental Educational Services.

Service Area

List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state.

□ Statewide □ Or List LEA Name(s) you intend to serve

	LEA
1	Little Rock School District
2	North Little Rock School District
3	Hazen School District
4	Pulaski County School District

Place of Service	Check the location(s) that best describe where you will deliver services to students: □ Student's Home □ Business □ Community Center □ Religious Facility (e.g., church, synagogue, mosque, temple) □ LEA Facility □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? □ Yes □ No □ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

□Reading

K	1	2	3	4	5	6	7	8	9	10	11
			X	X	X						

☐ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	1
			X	X	X	X					

□Mathematics

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: _300_____ Provide the **minimum** number of students that you require to begin services in an individual school: LEA: _1_____
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize □ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _Spanish_____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004):
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school □ After school □ Weekends □ Summer

Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: _____ students: per tutor __10_____
Cost	List your fee **per hour**. $50.00_____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Assessment of Reading Strategies (CARS) for Little Rock, North Little Rock and Pulaski County School Districts and Mathematics Navigator; For Hazen School District, the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) and Harcourt Math
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Compass Learning Odyssey and Mathematic Navigator for Little Rock, North Little and Pulaski County School Districts, Smart Step Literacy and Harcourt Math curricula for Hazen School District

Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Certificate of Completion

Innovative Educational Programs, LLC

Program Name	Name: **Innovative Educational Programs, LLC** Doing Business As (DBA): N/A	
Type of Entity (*check all that apply)*	☑ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA)	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Gerry Galderisi** Address: **287 Childs Road** City: **Basking Ridge** State: **New Jersey** Zip: **07920** Phone: **1-908-630-9600** Fax: **1-908-630-9348** Email: ***ggalderisi@ieponline.com*** Website: ***http://www.ieponline.com***	
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Patrick Maxwell** Street Address: **212 Cedar Meadow** City: **Maylene** State: **Alabama** Zip: **35114** Phone: **205-213-5522** Fax: _____ Email: **pmaxwell@ieponline.com** Website: _____	

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? ☑ No □ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _____ 1. Is this application a reapplication of a currently approved provider? □ No □ Yes 2. Is this application a reapplication of a previously removed provider? □ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? ☑ No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. New York, New Jersey, Pennsylvania, Maryland, District of Columbia, Illinois, Texas, Puerto Rico, Nevada.
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. ☑ Statewide □ Or List LEA Name(s) you intend to serve
Place of Service	Check the location(s) that best describe where you will deliver services to students: □ Student's Home □ Business □ Community Center □ Religious Facility (e.g., church, synagogue, mosque, temple) ☑ LEA Facility □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? ☑ Yes □ No ☑ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

☑ Reading

K	1	2	3	4	5	6	7	8	9	10	11
✓	✓	✓	✓	✓	✓	✓	✓	✓	----	----	----

☑ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
✓	✓	✓	✓	✓	✓	✓	✓	✓	----	----	----

☑ Mathematics

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 3000 Provide the **minimum** number of students that you require to begin services in an individual school: LEA: 25
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: Do not specialize ☑ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): Spanish
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize ☑ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder ☑ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): ☑ Before school ☑ After school ☑ Weekends ☑ Summer

Student/Tutor Ratio	*Provide the maximum number of students who will be assigned to each tutor in your program: 10 students: per tutor 1*
Cost	List your fee **per hour**. $50.00 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. CTB McGraw-Hill TerraNova Basic Battery, 3rd Edition
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Scott Foresman Leveled Reading in the Content Area, Scott Foresman Math Around the Clock, Prentice Hall Literacy Skill Builder, Prentice Hall Math Skill Builders.

Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Pens, Pencils, Rulers, Calculators (small), Gift Cards (educationally related stores, i.e.: Barnes & Noble) Stickers, Back Packs, Pizza Party..

Jefferson Learning

Program Name	Name: **JEFFERSON LEARNING** Doing Business As (DBA): _____	
Type of Entity (*check all that apply)*	**X** For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA)	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **CASEY MOORE** Address: **10101 THOMPKINS LN** City: **OKLAHOMA CITY** State: **OK** Zip**: 73162_** Phone: **(405) 208-3912** Fax: **(405) 234-4085** Email: **CAMOORE@JEFFERSONLEARNING.COM** Website: **http://www.jeffersonlearning.com**	
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: ___Will provide a local contact before services begin._____	

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No **X** Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. __**4**_____ 1. Is this application a reapplication of a currently approved provider? □ No **X** Yes 2. Is this application a reapplication of a previously removed provider? **X** No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? **X** No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. OKLAHOMA, KANSAS, SOUTH CAROLINA
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. **X** Statewide □ Or List LEA Name(s) you intend to serve
Place of Service	Check the location(s) that best describe where you will deliver services to students: □ Student's Home □ Business □ Community Center □ Religious Facility (e.g., church, synagogue, mosque, temple) **X** LEA Facility □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? **X** Yes □ No **X** At Select Sites Only

Subject Areas & Grade Levels to Serve	Check all subject(s) and grade(s) for each subject you will offer.

XReading

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

X English/Language Arts

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

X Mathematics

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: __**3000**____ Provide the **minimum** number of students that you require to begin services in an individual school: LEA: __**5**___
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize **X** English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _Spanish, French, Laotian, Mandarin, Vietnamese_
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize **X** Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): **X** Autism spectrum disorder **X** Deaf □ Blind **X** Deaf/hard of hearing **X** Emotional/behavioral disorder **X** Mild Intellectual disability **X** Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability **X** Speech-language impairment □ Traumatic brain injury **X** Visual impairment **X** Orthopedic impairment □ Other health impairment: Explain:

Service Schedule	Select the service schedule you will offer to students (check all that apply): **X** Before school **X** After school **X** Weekends **X** Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: __**7**___ students: per tutor _____**1**_____
Cost	List your fee **per hour**. $___**50**____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. **_CURRICULUM ASSOCIATE'S READING/ELA AND/OR MATH GRADE PLACEMENT TEST____** **_BUCKLE DOWN SCIENCE TEST____**

Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. **__CURRICULUM ASSOCIATE'S STRATEGIES TO ACHIEVE MATHEMATICS SUCCESS;__** **__CURRICULUM ASSOCIATE'S STRATEGIES TO ACHIEVE READING SUCCESS;_____** **__MAD MATH MINUTES; SIX MINUTES READING SOLUTIONS; BUCKLE-DOWN SCIENCE_** ____
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. _N/A

Learn It Online

Program Name	Name: __Learn It Online, LLC_____ Doing Business As (DBA): __**Learn It Online**_____	
Type of Entity (*check all that apply)*	X For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA)	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: __**Raquel Whiting Gilmer, Vice President Legal & Government Affairs**____ Address: __**2201 Old Court Road**_____ City: _**Baltimore**_____ State: __**Maryland**_____ Zip: _**21208**_____ Phone: _(410)369-0000_____ Fax: __(410)269-0137_____ Email: **Raquel.Whiting@learnitsystems.com**___ Website: _**www.learnitsystems.com**	
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: _**Tracy Taylor**_____ Street Address: _**12518 Mary Lane**_____ City: _**Alexander**_____ State: __**Arkansas**_____ Zip: __**72002**_____ Phone: _(510)612-3781_____ Fax: _(510)847-8248_____ Email: __**tracy.taylor@learnitsystems.com** Website: __**www.learnitsystems.com**__	

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? X No □ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _____ 1. Is this application a reapplication of a currently approved provider? □ No □ Yes 2. Is this application a reapplication of a previously removed provider? □ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. Delaware, Florida, Michigan, North Carolina, and Vermont

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. □ Statewide X Or List LEA Name(s) you intend to serve LEA 1 Little Rock School District 2 Pulaski County Special School District 3 Fort Smith Public Schools 4 North Little Rock School District 5 Springdale School District 6 Rogers Public S hool 7 West Memphis Public Schools 8 Pine Bluff School District 9 Blytheville School District 10 Helena-West Helena School District 11 Hot Springs School District 12 Forrest City School District 13 Jonesboro Public Schools 14 Texarkana School District 15 Lee County School District 16 Osceola School District 17 Watson Chapel School District
Place of Service	Check the location(s) that best describe where you will deliver services to students: X Student's Home □ Business X Community Center X Religious Facility (e.g., church, synagogue, mosque, temple) X LEA Facility X Via Technology (check all that apply) X Internet/online _ software-based other <u>(please explain)</u> X Access site for online/web-based providers: www.compasslearningodyssey.com

Transportation	Do you provide transportation? □ Yes *X* No □ At Select Sites Only

Subject Areas & Grade Levels to Serve	Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	1	2	3	4	5	6	7	8	9	10	11
			X	X	X	X	X	X	X	X	X

☐ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: _8,000_____ Provide the **minimum** number of students that you require to begin services in an individual school: LEA: _School – 20 / LEA - 75_____
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): __Spanish_____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder X Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay X Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment X Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): X Before school X After school X Weekends X Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: _6-10_ students: per tutor ____1_____

Cost	List your fee **per hour**. $_50_____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. _LION uses the Compass Learning Odyssey Reading and Math Assessments.
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. LION uses the Compass Learning Odyssey Reading and Math computer-assisted lesson curricula for instruction.
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. LION offers enrolled students rewards and recognition based on student attendance, good behavior, and participation through our *Learn It & Earn It* program. *The Learn It & Earn It!* program awards students with tokens for attendance, achievement, behavior, attitude, participation and effort. *Learn It & Earn It!* is supported by research that indicates students are more engaged in the learning process when provided with frequent positive reinforcement. The *Learn It & Earn It!* store contains age appropriate gifts and prizes usually valued at approximately $25 per student in total for the program. Some examples of the types of items students can earn include: books, sports gear, gift cards, and educational games and software.

Learning 4 Today Co.

Program Name	Name: ___**Learning 4 Today Co.** Doing Business As (DBA): __NA___
Type of Entity (*check all that apply)*	√ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other:
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Al Lockett** Address: **6520 Baseline Road** City:**Little Rock** State: **AR** Zip: **72209** Phone: **501-661-9291/866-526-2265** Fax: **501-663-3707** Email: **al.lockett@learning4today.com** Website: **www.learning4today.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. √ **Check if information is same as Entity Contact Information.**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No √ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. ___6_____ 1. Is this application a reapplication of a currently approved provider? □ No √ Yes 2. Is this application a reapplication of a previously removed provider? √ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? √No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. District of Columbia, Georgia, Illinois, Missouri, Mississippi, New York, North Carolina, South Carolina, Tennessee, Texas

<table>
<tr><td>Service Area</td><td>List each LEA in which you agree to provide services. Check “Statewide” ONLY if you agree to provide services to <u>any</u> LEA in the entire State of Arkansas. Providers who indicate they will serve “Statewide” will be required to provide services to any and/or all LEA(s) at any location in the state.

√ Statewide □ Or List LEA Name(s) you intend to serve</td></tr>
<tr><td>Place of Service</td><td>Check the location(s) that best describe where you will deliver services to students:

□ Student’s Home
□ Business
√ Community Center
√ Religious Facility (e.g., church, synagogue, mosque, temple)
√ LEA Facility
√ Via Technology (check all that apply)
internet/online
software-based
other <u>(please explain)</u>
□ Access site for online/web-based providers:</td></tr>
<tr><td>Transportation</td><td>Do you provide transportation?
√ Yes □ No
□ At Select Sites Only</td></tr>
<tr><td>Subject Areas & Grade Levels to Serve</td><td>Check all subject(s) and grade(s) for each subject you will offer.
√ Reading
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
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√ English/Language Arts
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
<tr><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td></tr>
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√ Mathematics
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<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
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</table>
√ Science
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
<tr><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td></tr>
</table></td></tr>
<tr><td>Maximum and Minimum Number of Students to Serve</td><td>Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined: <u>500</u>

Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA: <u>6</u></td></tr>
</table>

Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize √ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): ___Spanish_____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize √ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder √ Mild Intellectual disability √ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school √ After school √ Weekends √ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: _10_____ students: per tutor ___1_____
Cost	List your fee **per hour**. $50.00_ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Star Math, Star Reading, The Learning Institute Assessments, Smart Tutor, Scrantron Performance Series and Achieve Diagnostic.
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Scrantron Performance Series Skills Connection, McGraw-Hill Passkey, Smart Tutor, Mango Mon
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Field trips; gift cards pizza parties.

Learning Success Center

Program Name	Name: R & R Education Doing Business As (DBA): **Learning Success Center**
Type of Entity (*check all that apply)*	X□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Lynne Risner** Address: **111 Mohawk** **P. O. Box 22954** City: **Hot Springs** State: **AR** Zip: **71903** Phone: **870-584-8198** Fax: **501-620-4322** Email: **esl1023@hotmail.com** Website: **www.thelearningsuccesscenter.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. X□ **Check if information is same as Entity Contact Information.**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No X Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. 4 years 5. Is this application a reapplication of a currently approved provider? □ No X Yes 6. Is this application a reapplication of a previously removed provider? □ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. **X** Statewide □ Or List LEA Name(s) you intend to serve

Place of Service	Check the location(s) that best describe where you will deliver services to students: □ Student's Home □ Business X Community Center X Religious Facility (e.g., church, synagogue, mosque, temple) X LEA Facility □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers: X Other: Rented Space
Transportation	Do you provide transportation? □ Yes X No X□ At Select Sites Only

Subject Areas & Grade Levels to Serve	Check all subject(s) and grade(s) for each subject you will offer.

X□Reading

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

X□ English/Language Arts

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

X□Mathematics

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: ___140_____ Provide the **minimum** number of students that you require to begin services in an individual school: LEA: __10_____
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize □X English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): Spanish
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ *Do not specialize* □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder X Mild Intellectual disability X Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay X Specific learning disability (Reading, math) □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): X Before school X After school X Weekends X Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: students: per tutor Ideally 7 but in odd situations, never more than 10
Cost	List your fee **per hour**. $50 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Flynt-Cooter Reading Inventory in Reading ; grade-level appropriate Math Assessments
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Curriculum is generated by the LSC for individual schools in order to align with their curriculum
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. _School supplies (Pencils, paper, etc.), educational related field trips (at end of program), pizza party gift cards (not to exceed $50)

Learn It Systems

Program Name	Name: Learn-It Systems, LLC Doing Business As (DBA): **Learn It Systems**
Type of Entity (*check all that apply)*	X For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Raquel Whiting Gilmer, Vice President Legal & Government Affairs** Address: **2201 Old Court Road** City: **Baltimore** State: **Maryland** Zip: **21208** Phone**: (410)369-0000** Fax: **(410)269-0137** Email: **Raquel.Whiting@learnitsystems.com** Website: **www.learnitsystems.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Tracy Taylor** Street Address: **12518 Mary Lane** City: **Alexander** State: **Arkansas** Zip**: 72002** Phone: **(510)612-3781** Fax: **(510)847-8248** Email: **tracy.taylor@learnitsystems.com** Website: **www.learnitsystems.com**

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No X Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _2_____ 1. Is this application a reapplication of a currently approved provider? □ No X Yes 2. Is this application a reapplication of a previously removed provider? X No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. Alabama, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Virginia, Washington, West Virginia, Wyoming, as well as Puerto Rico and the U.S. Virgin Islands.

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. □ Statewide X Or List LEA Name(s) you intend to serve LEA 1 Little Rock School District 2 Pulaski County Special School District 3 Fort Smith Public Schools 4 North Little Rock School District 5 Springdale School District 6 Rogers Public S hool 7 West Memphis Public Schools 8 Pine Bluff School District 9 Blytheville School District 10 Helena-West Helena School District 11 Hot Springs School District 12 Forrest City School District 13 Jonesboro Public Schools 14 Texarkana School District 15 Lee County School District 16 Osceola School District 17 Watson Chapel School District 18 Conway Public Schools

<table>
<tr><td>Place of Service</td><td>Check the location(s) that best describe where you will deliver services to students:

□ Student's Home
□ Business
□ Community Center
□ Religious Facility (e.g., church, synagogue, mosque, temple)
XLEA Facility*
□ Via Technology (check all that apply)
internet/online
software-based
other (please explain)
□ Access site for online/web-based providers:
* Should LEA facilities not be available, Learn It Systems will work with the LEA to find suitable, alternate locations (e.g. community center, local library, etc.)</td></tr>
<tr><td>Transportation</td><td>Do you provide transportation?

□ Yes □ No

X At Select Sites Only</td></tr>
<tr><td>Subject Areas & Grade Levels to Serve</td><td>Check all subject(s) and grade(s) for each subject you will offer.
X Reading
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
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☐ English/Language Arts
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
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X Mathematics
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<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
<tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
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□Science
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
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</table></td></tr>
</table>

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: _8,000_____ Provide the **minimum** number of students that you require to begin services in an individual school: LEA: _School – 20 / LEA - 75_____
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): __Spanish___
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder X Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay X Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): X Before school X After school X Weekends X Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: _6-10_ students: per tutor ____1_____

Cost	List your fee **per hour**. $_50_____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. _Learn It Reading Assessments (pre and post) and Learn It Math Assessments (pre and post)
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. _Learn It Reading™ for reading instruction and Learn It Math™ for math instruction
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Learn It offers enrolled students rewards and recognition based on student attendance, good behavior, and participation through our *Learn It & Earn It* program. *The Learn It & Earn It!* program awards students with tokens for attendance, achievement, behavior, attitude, participation and effort. *Learn It & Earn It!* is supported by research that indicates students are more engaged in the learning process when provided with frequent positive reinforcement. The *Learn It & Earn It!* store contains age appropriate gifts and prizes usually valued at approximately $25 per student in total for the program. Some examples of the types of items students can earn include: books, sports gear, gift cards, and educational games and software.

Magnolia iT^3

Program Name	Name: Magnolia iT^3 Doing Business As (DBA): **Magnolia iT^3**
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education ☒ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: Scott Nipper Address: **P.O. Box 649** City: **Magnolia** State: **AR** Zip: **71753** Phone: **870-901-2521** Fax: **870-901-2508** Email:**snipper@magnoliaschools.net** Website: **www.magnoliaschools.net**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. ☒ **Check if information is same as Entity Contact Information.**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? ☒ No □ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _____ 1. Is this application a reapplication of a currently approved provider? □ No □ Yes 2. Is this application a reapplication of a previously removed provider? □ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? ☒ No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. N/A

<table>
<tr><td>Service Area</td><td>List each LEA in which you agree to provide services. Check “Statewide” ONLY if you agree to provide services to <u>any</u> LEA in the entire State of Arkansas. Providers who indicate they will serve “Statewide” will be required to provide services to any and/or all LEA(s) at any location in the state.

□ Statewide ☒ Or List LEA Name(s) you intend to serve
<table><tr><td></td><td>LEA</td></tr><tr><td>1</td><td>Magnolia School District</td></tr></table></td></tr>
<tr><td>Place of Service</td><td>Check the location(s) that best describe where you will deliver services to students:

□ Student’s Home
□ Business
□ Community Center
□ Religious Facility (e.g., church, synagogue, mosque, temple)
☒ LEA Facility
□ Via Technology (check all that apply)
internet/online
software-based
other <u>(please explain)</u>
□ Access site for online/web-based providers:</td></tr>
<tr><td>Transportation</td><td>Do you provide transportation?

□ Yes ☒ No

□ At Select Sites Only</td></tr>
</table>

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

☒ Reading

K	1	2	3	4	5	6	7	8	9	10	11
				☒	☒	☒					

☐ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
				☒	☒	☒					

☒ Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
				☒	☒	☒					

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 250 Provide the **minimum** number of students that you require to begin services in an individual school: LEA: 5
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: ☒ Do not specialize □ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: ☒ Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school ☒ After school □ Weekends □ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 10 students: per tutor 1
Cost	List your fee **per hour**. $50 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. 2010-11 Pre/Post Target Tests
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Digital Learning Curriculum
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Certificate of Completion End-of-Program party

Millennium Education Music Project

Program Name	Name: Millennium Education Music (Millennium) Doing Business As (DBA): **Millennium Education Music Project**
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization Other: Non-profit organization
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Angela Courtney and or Wyndolyn Smith** Address: **2513 McCain Blvd., #2-260** City: **North Little Rock** State: **AR** Zip: **72116** Phone: **1.888.577.1119** Fax: **1.888.577.1119** Email: **info@emillenniumeducation.com** Website: **www.emillenniumeducation.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. **Check if information is same as Entity Contact Information.**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. Six (6) 1. Is this application a reapplication of a currently approved provider? □ No Yes 2. Is this application a reapplication of a previously removed provider? No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. Virginia and Mississippi

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. Statewide □ Or List LEA Name(s) you intend to serve
Place of Service	Check the location(s) that best describe where you will deliver services to students: □ Student's Home □ Business Community Center Religious Facility (e.g., church, synagogue, mosque, temple) LEA Facility □ Via Technology (check all that apply) internet/online software-based other <u>(please explain)</u> □ Access site for online/web-based providers:
Transportation	Do you provide transportation? □ Yes □ No At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

Reading

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x	x	x	x

English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x	x	x	x

Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x	x	x	x

□Science

K
1
2
3
4
5
6
7
8
9
10

1
12

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 500

Provide the **minimum** number of students that you require to begin services in an individual school: LEA: 6

Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): Spanish and Vietnamese
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): Autism spectrum disorder Deaf □ Blind Deaf/hard of hearing Emotional/behavioral disorder Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay Specific learning disability □Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school After school Weekends Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 6 students: per tutor 1
Cost	List your fee **per hour**. $50.00 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Triumph Learning's Buckle Down and Just Right Reading imprints will be used as follows: Buckle Down assessment Form A Pretest and Form B Posttest for grades 2-12 Reading/ELA and Math; Just Right Reading/ELA skills review assessment for grades K-1 Reading/ELA Pretest and Post test; Creative Teaching Press Advantage Math assessment for grades K-1 Math Pretest and Post test; and Einstructions Classroom Performance System (CPS) interim assessment for K-12 in Reading/ELA and Math.
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Triumph Learning's Buckle Down curriculum will be used for grades 2-12 in Reading/ELA and Math and Just Right Reading curriculum will be used for grades K-1. Creative Teaching Press Advantage math curriculum will be used for grades K-1. Flocabulary cross/interdisciplinary supplemental curriculum for grades K-12 in Reading/ELA and Math will also be used.
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Gift cards CDs and books Warm food and cold drinks Guest presenters and their accompanying mandatory resources Educational games

Literacy Intensive Tutoring Experience (LITE)

Program Name	Name: Kingdom Management,LLC Doing Business As (DBA):**The Literacy Intensive Tutoring Experience (LITE)**
Type of Entity (*check all that apply)*	X For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **LaToshia Woods** Address: **3100 Prairie Drive** City: **Jonesboro** State**: AR** Zip:**72404** Phone: **870.897.2236** Fax: **866.448.6569** Email: **latoshiawoods@ymail.com** Website: _____
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. x **Check if information is same as Entity Contact Information**.
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No x Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. __1__ 1. Is this application a reapplication of a currently approved provider? □ No x Yes 2. Is this application a reapplication of a previously removed provider? x No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? x No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. □ Statewide X Or List LEA Name(s) you intend to serve

	LEA
1	Jonesboro
2	Paragould
3	Trumann
4	Blytheville
5	Osceola
6	Forrest City
7	Wynne
8	Nettleton
9	Marked Tree
10	Earle

Place of Service	Check the location(s) that best describe where you will deliver services to students: □ Student's Home □ Business x Community Center □ Religious Facility (e.g., church, synagogue, mosque, temple) x LEA Facility □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? □ Yes □ No x At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	1	2	3	4	5	6	7	8	9	10	11
	X	X	X	X		X	X	X	X	X	X

X☐ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
	X	X	X	X	X	X	X	X	X	X	X

□Mathematics

K	1	2	3	4	5	6	7	8	9	10	11

□Science

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 500

Provide the **minimum** number of students that you require to begin services in an individual school: LEA: 20

Specific Student Populations Served: English Language Learners	*Indicate whether your entity specializes in any of the following groups:* *X Do not specialize* □ *English Language Learner (ELL) students* *If yes, list the particular language(s) (e.g., Spanish, French, Japanese):* _____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school X After school X Weekends X Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 10:1 students: per tutor _____
Cost	List your fee **per hour**. $_50_ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Gates MacGinitie Reading Test (GMRT)
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Guided Reading Plus (1st-3rd) and Comprehension Focus Intervention Groups for reading and writing
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Trophies, certificates, books, pens, pencils, journals, candy, snack cakes, cookies, ice cream, and cakes

Mrs. Watkins Tutoring Company

Program Name	Name: **Mrs. Watkins Tutoring Company** Doing Business As (DBA): _____
Type of Entity (*check all that apply)*	✓ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Audra A. Watkins** Address: **1418 North 50th Street** City: **Fort Smith** State: **Arkansas** Zip: **72904** Phone: **479-783-0100** Fax: _____ Email: **mrswatkinstutoring@yahoo.com** Website: N/A
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. ✓ **Check if information is same as Entity Contact Information**.
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No ✓ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. 4 1. Is this application a reapplication of a currently approved provider? □ No ✓ Yes 2. Is this application a reapplication of a previously removed provider? ✓ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? ✓ No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.

<table>
<tr><td>Service Area</td><td>List each LEA in which you agree to provide services. Check “Statewide” ONLY if you agree to provide services to any LEA in the entire State of Arkansas. Providers who indicate they will serve “Statewide” will be required to provide services to any and/or all LEA(s) at any location in the state.

□ Statewide ✓ Or List LEA Name(s) you intend to serve
<table>
<tr><th></th><th>LEA</th></tr>
<tr><td>1</td><td>Fort Smith Public School District</td></tr>
</table>
</td></tr>
<tr><td>Place of Service</td><td>Check the location(s) that best describe where you will deliver services to students:

□ Student’s Home
□ Business
□ Community Center
□ Religious Facility (e.g., church, synagogue, mosque, temple)
✓ LEA Facility
□ Via Technology (check all that apply)
internet/online
software-based
other (please explain)
□ Access site for online/web-based providers:</td></tr>
<tr><td>Transportation</td><td>Do you provide transportation?

□ Yes ✓ No

□ At Select Sites Only</td></tr>
</table>

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

□Reading

K	1	2	3	4	5	6	7	8	9	10	11

☐ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11

✓ Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
✓	✓	✓	✓	✓	✓	✓					

□Science

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve

Provide the maximum number of students that you will have the capacity to serve in all service areas combined: ___50___

Provide the minimum number of students that you require to begin services in an individual school: LEA: ___5___

Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: ✓ Do not specialize □ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese) _____ NOTE: Any specialization will be provided to parent(s)/legal guardian(s) and listed on the Department's website.
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: ✓ Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school ✓ After school □ Weekends □ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 10:1 students: per tutor ___10___
Cost	List your fee per hour. $___50___ maximum per hour, per student NOTE: The Department requires a minimum of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. The Learning Institute grade level math pre-test
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Buckle Down Publishing's *Arkansas Benchmark Math*, Curriculum Associates' *Comprehensive Assessment of Mathematics Strategies (CAMS)*, and MathAmigo software for handheld computers
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Pens, pencils, calculators, rulers, hoodies, and small trinkets ($0.50-1.00 value)

Mt. Beulah Outreach Ministries Inc.

Program Name	Name: Mt. Beulah Outreach Ministries, Inc Doing Business As (DBA): **Mt. Beulah Outreach Ministries Inc.**
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) X Community-Based Organization □ Private School X Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Eric Cox** Address: **Post Office Box 206** City: **Earle** State: **AR** Zip**: 72331** Phone: **870-792-0064** Fax: **870-792-7904** Email:**mtbeulah0064@yahoo.com** Website: N/A
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Eric Cox** Street Address**: 610 3RD St.** City: **Earle** State: **AR** Zip: **72331** Phone: **870-514-4130** Fax: **870-792-7436** Email: **pastorecox@yahoo.com** Website: N/A
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? X No Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. Three 1. Is this application a reapplication of a currently approved provider? □ No Yes 2. Is this application a reapplication of a previously removed provider? No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes IList any other State in which you are currently approved to provide Supplemental Educational Services. N/A

Service Area

List each LEA in which you agree to provide services. ***Check*** *"Statewide"* ***ONLY*** *if you agree to provide services to* ***any*** *LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state.*

□ Statewide X Or List LEA Name(s) you intend to serve

	LEA
1	Blytheville
2	Earle
3	Forrest City
4	Helena-West Helena Schools

Place of Service	Check the location(s) that best describe where you will deliver services to students: X Student's Home X Business X Community Center X Religious Facility (e.g., church, synagogue, mosque, temple) X LEA Facility (if available) □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? *X* Yes □ No □ At Select Sites Only

Subject Areas & Grade Levels to Serve	Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

X English/Language Arts

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

X Mathematics

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 600 Provide the **minimum** number of students that you require to begin services in an individual school: LEA: 5
Specific Student Populations Served: English Language Learners	*Indicate whether your entity specializes in any of the following groups:* X Do not specialize □ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____
Specific Student Populations Served: Students with Disabilities	*Indicate whether your entity specializes in any of the following groups:* □ Do not specialize X Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): X Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing X Emotional/behavioral disorder X Mild Intellectual disability X Moderate Intellectual disability X Severe Intellectual disability X Profound Intellectual disability X Significant Developmental delay X Specific learning disability X Speech-language impairment X Traumatic brain injury X Visual impairment □ Orthopedic impairment X Other health impairment: Explain: We offer services to students who have been identified as having ADHD, ADD, or ODD, if those disabilities have an adverse affect on learning.
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school X After school X Weekends X Summer
Student/Tutor Ratio	*Provide the maximum number of students who will be assigned to each tutor in your program: 10 students: per tutor 1*
Cost	*List your fee **per hour**.* *$50.00 maximum per hour, per student* ***NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours.* **Arkansas' maximum is $50 per hour.*

Diagnostic Assessment	*Name the instrument(s) that will be used to diagnose skill levels for each individual student.* *Kindergarten students will be diagnosed using tools developed by Math and Literacy Instructional Specialists/Coaches. We will use Scoring High for first grade students. Buckle Down Publishing materials (Form A) will be used for second through 12 grades.*
Instructional Curriculum	*Name the curriculum/curricula that will be used in all subject areas that will be covered.* *For kindergarten students, we will use materials developed by our Math and Literacy Instructional Specialists for Literacy (English/Reading) and math. We will incorporate Using the Standards for Algebra, Skill Sharpeners Math, Spectrum Reading, Spectrum Math, Skills for Scholars- Phonics,Common Core Curriculum, and Preschool Workbooks (for lower functioning students).* *First grade students will utilize Scoring High and materials developed by our instructional specialist/coaches.* *Buckle Down materials, Released Items, and materials developed by our instructional specialists/coaches will be incorporated for Second through 12 grade students. Scoring High materials may be used also.*
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Pizza Parties Field Trips (if allowed by the LEA) Barber Shop Gift Card (basic hair cuts) Nail Shop Gift Cards (basic nail services) Tickets to attend school functions (i.e., ball games) Movie Passes (PG only) School Supplies (pencils, paper, pens, backpacks) Pony Tail Holders and/or bows T-Shirts

Olde Tyme Tutors

Program Name **Nombre del programa**	Name: Olde Tyme Tutors Doing Business As (DBA): **Olde Tyme Tutors, LLC** Nombre: Olde Tyme Tutors Ejecutando negocios como (DBA**):** **Olde Tyme Tutors, LLC**	
Type of Entity (*check all that apply)* **Tipo de organización**	X□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) X□ Compañía con fines de lucro □ Escuela pública (no-subvencionada) □ Escuela particular subvencionada □ Institución de educación superior □ Agencia de Edu. Local (LEA, por sus siglas en inglés) □ Organización de bases comunitarias □ Escuela Privada □ Organización religiosa □ Otro: _____	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____

Entity Contact Information **Información de contacto de la organización**	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Alexis Sigurani** Address: **14596 Highway 12 E.** City: **Rogers** State: **AR** Zip: **72756** Phone: **479 925 2600** Fax: **479 899 6251** Email: **alexissigurani@hotmail.com** Website: **www.oldetymetutors.com** Provea la información de contacto del representante autorizado por su organización. Nombre de la persona de contacto: **Alexis Sigurani** Dirección: **14596 Highway 12 E.** Ciudad: **Rogers** Estado**: AR** Código postal: **72756** Teléfono**: 479 925 2600** Fax**: 479 899 6251** Correo electrónico: **alexissigurani@hotmail.com** Página web**: www.oldetymetutors.com**
Local Contact Information **Información de contacto local**	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. x□ **Check if information is same as Entity Contact Information.** Indique el lugar donde usted mantendrá los expedientes de negocios y financieros en Arkansas y una persona de contacto local. Esta información se publicará en la página web del departamento. x□ **Marque si la información es la misma que la información de contacto de la organización.**

SES History **Historial de SES**	Are you currently or have you ever been an approved SES provider in Arkansas? □ No X Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. __2_____ 7. Is this application a reapplication of a currently approved provider? □ No X Yes 8. Is this application a reapplication of a previously removed provider? □ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. Está usted por el momento o alguna vez ha sido usted un proveedor aprobado de SES en Arkansas? □ No X Sí (responda a las preguntas del 1 -2) Si marca sí, indique el número de años que ha sido un proveedor aprobado de SES en Arkansas. __2_____ 1. ¿Es usted un proveedor aprobado que ha entregado una solicitud como esta anteriormente? □ No X Sí 2. ¿Es esta una solicitud hecha de nuevo por un proveedor que ha sido removido anteriormente? □ No □ Sí ¿Ha sido usted alguna vez disciplinado por una agencia estatal of federal o ha sido alguna vez removido de un programa con fondos estatales o federales? X No □ Sí Incluya cualquier estado, en el cual usted está actualmente aprobado para ofrecer los servicios educativos suplementarios (SES, por sus siglas en inglés).

Service Area
Area de servicios

List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state.

□ Statewide □ Or List LEA Name(s) you intend to serve

	LEA
1	Bentonville
2	Decatur
3	Elkins
4	Gentry
5	Gravette
6	Pea Ridge
7	Prairie Grove
8	Rogers
9	Siloam Springs
10	Springdale
11	West Fork
12	Lincoln
13	Fort Smith
14	Alma
15	Farmington
16	Fayetteville
17	Greenland

Incluya cada LEA en el cual usted está de acuerdo en proveer sus servicios. **Marque** "Statewide" (a lo largo del estado) **SOLO** si usted está de acuerdo en proveer sus servicios en cualquier LEA ubicado en el estado de Arkansas. A los proveedores que indiquen esta opción, se les requerirá que den sus servicios a cualquier y/o a todos los LEA's en cualquier localidad del estado.

Place of Service	Check the location(s) that best describe where you will deliver services to students: □ Student's Home X Business X Community Center X Religious Facility (e.g., church, synagogue, mosque, temple) X LEA Facility □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers: Marque la(s) localidad(es) que mejor describan en donde usted proveerá sus servicios a los estudiantes: □ En la casa del estudiante X Sede X Centro comunitario X Centro religioso (ej., iglesia, sinagoga, mezquita, templo) X Instalación LEA □ Por un medio tecnológico (marque todas las que apliquen) internet/en línea de base software otro (por favor explique) □ Tome acceso a la página web/proveedores con páginas de internet:
Transportation Medios de transporte	Do you provide transportation? □ Yes X No □ At Select Sites Only ¿Provee usted medios de transporte? □ Sí X No □ Sólo en sitios selectos

Subject Areas & Grade Levels to Serve

Temas y niveles que ofrece

Check all subject(s) and grade(s) for each subject you will offer.

□Reading

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x	x	x	x

☐ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x	x	x	x

□Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x	x	x	x

□Science

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x	x	x	x

Marque todos temas y cursos (grados) que aplique.

□Lectura

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x	x	x	x

☐ Inglés/Artes y letras

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x	x	x	x

□Matemáticas

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x	x	x	x

□Ciencia

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x	x	x	x

Maximum and Minimum Number of Students to Serve **Número máximo y mínimo de estudiantes a los que se les proporcionara servicios.**	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: __700_____ Provide the **minimum** number of students that you require to begin services in an individual school: LEA: __1_____ Provea el **máximo** número de estudiantes que usted tendrá la capacidad de servir en todas las áreas de servicio combinadas: __700_____ Provea el **mínimo** número de estudiantes que usted requiere para iniciar sus servicios en una escuela individual: LEA: __1_____
Specific Student Populations Served: English Language Learners **Población de estudiantes que se les ofrecerá servicios en específico: Estudiantes de habla inglesa**	Indicate whether your entity specializes in any of the following groups: □ Do not specialize x English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): **Spanish** Indique si su organización se especializa en uno de los siguientes grupos: □ No se especializa x Estudiantes de habla inglesa (ELL) Si marca sí, incluya el/los lenguaje(s) (ej., español, francés, japonés): **español**

Specific Student Populations Served: Students with Disabilities Población de estudiantes que se les ofrecerá servicios en específico: Estudiantes de habla inglesa	*Indicate whether your entity specializes in any of the following groups:* *X Do not specialize* *□ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004):* □ *Autism spectrum disorder* □ *Deaf* □ *Blind* □ *Deaf/hard of hearing* □ *Emotional/behavioral disorder* □ *Mild Intellectual disability* □ *Moderate Intellectual disability* □ *Severe Intellectual disability* □ *Profound Intellectual disability* □ *Significant Developmental delay* □ *Specific learning disability* □ *Speech-language impairment* □ *Traumatic brain injury* □ *Visual impairment* □ *Orthopedic impairment* □ *Other health impairment:* *Explain:* *Indique si su organización se especializa en uno de los siguientes grupos:* *X No se especializa* *□ Estudiantes con discapacidades (Seleccione las discapacidades en particular que su organización se hará cargo bajo la ley de educación para personas con discapacidad del 2004 (IDEA, por sus siglas en inglés):*
Service Schedule Horario de servicios	Select the service schedule you will offer to students (check all that apply): X Before school X After school X Weekends X Summer Seleccione el horario de servicios que le ofrecerá a los estudiantes (marque todas las que apliquen): X Antes de la escuela X Después de la escuela X Los fines de semana X Durante el verano
Student/Tutor Ratio Proporción entre estudiantes/Tutores	Provide the maximum number of students who will be assigned to each tutor in your program: _3_____ students: per tutor _____ Provea el máximo número de estudiantes que les será asignado a cada tutor en su programa _3_____ estudiantes por tutor _____

Cost **Costo**	List your fee **per hour**. $____50.00_____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour. Muestre su cuota **por hora**. $____50.00_____ máximos por hora, por estudiante **NOTA**: El departamento exige un **mínimo** de 20-30 horas de servicio por estudiante. La cuota por hora abarca solo el tiempo de enseñanza. LEAs pueden negociar el costo por hora con el proveedor, tanto que la cuota máxima no sea excedida, para entonces llegar a la cifra mínima de horas de servicio. * El monto máximo para el estado de Arkansas es de $50.
Diagnostic Assessment **Evaluaciones de determinación**	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Northwest Evaluation Association Measures of Academic Progress Nombre de las herramientas/instrumentos que serán utilizados para determinar el nivel de habilidades del estudiante en particular. Northwest Evaluation Association Measures of Academic Progress
Instructional Curriculum **Currículo educativo**	Name the curriculum/curricula that will be used in all subject areas that will be covered. _Curriculum is selected based on the NWEA Maps results using input from teachers, student textbooks, school websites, and the NWEA Descartes continuum of Learning information. Learning goals are developed first in conjunction with parents teachers and students, and curriculum is selected that supports those specific and detailed learning goals. Nombre el plan de estudios/currículo(s) en todos los temas específicos que se abarquen. _El currículo se elige basado en los resultados Maps del (NWEA, por sus siglas en ingles) utilizando información de los maestros, los estudiantes, libros de texto, páginas web de la escuela y la información de aprendizaje continua de NWEA Descartes. Las metas de aprendizaje son desarrolladas en la parte inicial, junto a los papás, maestros y estudiantes; entonces se elige el currículo que mejor respalde las metas ya trazadas.

Incentives **Incentivos**	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Olde Tyme Tutors uses no incentives of any kind. Los proveedores pueden ofrecer premios a los estudiantes inscritos con un valor máximo de $50. El premio de rendimiento debe de estar directamente relacionado con los documentos que comprueben la asistencia y/o la culminación de las evaluaciones y metas del programa. **Estos incentivos no deben ser anunciados antes de que el periodo de inscripción haya culminado.** Se le requiere a cada proveedor presentar los informes de incentivos por cada distrito en que se haya trabajado, al cumplirse el ciclo de tutorías en su respectivo distrito. Por favor indique el incentivo potencial que puedan recibir los estudiantes como resultado de Buena asistencia, alcanzar metas y/o la culminación de la evaluación y metas del programa: (ej., plumas, lápices, tarjetas de regalo, pases para el cine, mochilas, excursiones (si es permitido por el LEA), etc.). Por favor sea lo más específico posible. Olde Tyme Tutors no utiliza ningún tipo de incentivos.

Precious Faces Tutoring

Program Name	Name: Precious Faces Tutoring Doing Business As (DBA): _____	
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA)	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____

Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Lisa Turner** Address: **400 S Avalon Street** City: **West Memphis** State: **AR** _Zip: 72301 Phone: **870-400-2233** Fax**: 870-394-9403** Email: **lisa.preciousfaces@gmail.com** Website: _NA
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Lisa Turner** Street Address: **400 S Avalon Street** City: _**West Memphis** State: **AR** Zip: **72301** Phone: _**870-400-2233** Fax: 870-733-1006 Email: Not Applicable Website: _____
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No □ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. 2 1. Is this application a reapplication of a currently approved provider? □ No x Yes 2. Is this application a reapplication of a previously removed provider? X No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. Not Applicable
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. **X** Statewide Or List LEA Name(s) you intend to serve

Place of Service

Check the location(s) that best describe where you will deliver services to students:

x Student's Home
x Business
x Community Center
x Religious Facility (e.g., church, synagogue, mosque, temple)
x LEA Facility
□ Via Technology (check all that apply)
internet/online
software-based
other (please explain)
□ Access site for online/web-based providers:

Transportation

Do you provide transportation?
X Yes □ No
□ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x			

x English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x			

X Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
X	x	x	x	x	x	x	x	x			

□Science

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined:1000

Provide the **minimum** number of students that you require to begin services in an individual school: LEA:10

Specific Student Populations Served: English Language Learners

Indicate whether your entity specializes in any of the following groups:
□ Do not specialize
X English Language Learner (ELL) students
If yes, list the particular language(s) (e.g., Spanish, French, Japanese):Spanish

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing X Emotional/behavioral disorder x Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): x Before school x After school x Weekends x Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 10 students: per tutor 1
Cost	List your fee **per hour**. $50 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Options Publishing Reading Diagnostics Options Publishing Math Diagnostics
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Our core curriculum includes Options reading and math Buckle Down series Arkansas supplemented with Houghton Mifflin, Continental Press, Tutor and Company Developed student materials.

Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. With 100% completion of the program and with satisfactory progress, the student may receive a reward not to exceed $50. Students may receive, as a result of achieving 100% attendance benchmarks and/or the completing of assessment and program objectives items such as pens, pencils, gift cards, movie passes, back packs, and field trips if allowed by LEA. Collectively these items will not total more than the allowable amount defined by Arkansas Department of Education.

Priority: My Education

Program Name	Name: **PRIORITY: MY EDUCATION** Doing Business As (DBA): _____
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	*Provide contact information of the authorized representative for your entity.* *Entity Contact Person Name :* **Florence Charavay** *Address:* **__6408 Waterhill Ln**_____ *City:* **Fort Worth**____ *State:* ___**TX**_____ *Zip:* __**76179**_____ *Phone:* **(817)812-8000**____ *Fax: (***866) 270-1763** *Email:* **florence@prioritymyeducation.com** *Website:***www.prioritymyeducation.com**
Local Contact Information	*Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website.* □ *Check if information is same as Entity Contact Information. If so, please do not complete the information below.* *Local Contact Person:* **Donna Holmes** *Street Address:* **1818 N. Taylor St, Suite 348** *City:* **Little Rock** *State:* **AR** *Zip:* **_72207_** *Phone:* _____ *Fax: (***866) 270-1763** *Email:* **AR@prioritymyeducation.com** *Website:* **www.prioritymyeducation.com**

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No **x** Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. **___1_____** 1. Is this application a reapplication of a currently approved provider? □ No **X** Yes 2. Is this application a reapplication of a previously removed provider? **x**No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? **X** No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. **Michigan, Texas, Oklahoma**
Service Area	*List each LEA in which you agree to provide services.* ***Check*** *"Statewide"* ***ONLY*** *if you agree to provide services to* ***any*** *LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state.* **X** Statewide □ Or List LEA Name(s) you intend to serve
Place of Service	*Check the location(s) that best describe where you will deliver services to students:* **X** Student's Home **X** Business **X** Community Center **X** Religious Facility (e.g., church, synagogue, mosque, temple) **X** LEA Facility **X** Via Technology (check all that apply) **X** internet/online **X** software-based other (please explain) □ Access site for online/web-based providers:
Transportation	*Do you provide transportation?* □ *Yes* □ *No* **X** *At Select Sites Only*

<table>
<tr><td>Subject Areas & Grade Levels to Serve</td><td>
Check all subject(s) and grade(s) for each subject you will offer.
X Reading
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
<tr><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td><td>x</td></tr>
</table>
X English/Language Arts
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
<tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
</table>
X Mathematics
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
<tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
</table>
X Science
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr>
<tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
</table>
</td></tr>
<tr><td>Maximum and Minimum Number of Students to Serve</td><td>Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined: 10 000

Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA: 3</td></tr>
<tr><td>Specific Student Populations Served: English Language Learners</td><td>Indicate whether your entity specializes in any of the following groups:

x Do not specialize

□ English Language Learner (ELL) students

If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____</td></tr>
</table>

Specific Student Populations Served: Students with Disabilities	*Indicate whether your entity specializes in any of the following groups:* **X** Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): **X** Before school **X** After school **X** Weekends **X** Summer
Student/Tutor Ratio	*Provide the maximum number of students who will be assigned to each tutor in your program:* ___**10**___ *students: per tutor* __**1**_____
Cost	*List your fee* ***per hour****.* *$50 maximum per hour, per student* ***NOTE****: The Department requires a* ***minimum*** *of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours.* **Arkansas' maximum is $50 per hour.*
Diagnostic Assessment	*Name the instrument(s) that will be used to diagnose skill levels for each individual student.* Buckle Down, Achieve Test, DORA and DOMA

Instructional Curriculum	*Name the curriculum/curricula that will be used in all subject areas that will be covered.* Buckle Down Publishing, Study Island, DORA, DOMA, Encore Advantage educational software, Brain Child, Renaissance Learning Star Math, Star Reading and Math Facts in a Flash and other supplemental resources as needed,
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Backpack, pen, T-shirt, end of the program party

Project Parity Plus

Program Name	Name: **Project Parity Plus** Doing Business As (DBA): _____
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) X Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	*Provide contact information of the authorized representative for your entity.* *Entity Contact Person Name:* ***Jasen Kelly*** *Address:* ***105 Cox St.*** *City:* ***Benton*** *State:* ***AR*** *Zip:* ***72015*** *Phone:* ***501.315.8100*** *Fax:* **501.315.8181** *Email:****jasen@scbgclub.com*** *Website:* ***www.scbgclub.com***
Local Contact Information	*Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website.* *X* ***Check if information is same as Entity Contact Information.***
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No X Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. ____2_____ 1. Is this application a reapplication of a currently approved provider? □ No X Yes 2. Is this application a reapplication of a previously removed provider? X No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.

<table>
<tr><td>Service Area</td><td>List each LEA in which you agree to provide services. Check “Statewide” ONLY if you agree to provide services to <u>any</u> LEA in the entire State of Arkansas. Providers who indicate they will serve “Statewide” will be required to provide services to any and/or all LEA(s) at any location in the state.

□ Statewide x Or List LEA Name(s) you intend to serve
<table><tr><th></th><th>LEA</th></tr><tr><td>1</td><td>Bauxite School District</td></tr><tr><td>2</td><td>Benton School District</td></tr><tr><td>3</td><td>Bryant School District</td></tr><tr><td>4</td><td>Benton Harmony Grove School District</td></tr></table></td></tr>
<tr><td>Place of Service</td><td>Check the location(s) that best describe where you will deliver services to students:

□ Student’s Home
□ Business
X Community Center
□ Religious Facility (e.g., church, synagogue, mosque, temple)
□ LEA Facility
□ Via Technology (check all that apply)
internet/online
software-based
other <u>(please explain)</u>
□ Access site for online/web-based providers:</td></tr>
<tr><td>Transportation</td><td>Do you provide transportation?
□ Yes X No
□ At Select Sites Only</td></tr>
</table>

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

X *Reading*

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x			

X English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x			

X *Mathematics*

K	1	2	3	4	5	6	7	8	9	10	11
x	x	x	x	x	x	x	x	x			

□*Science*

K	1	2	3	4	5	6	7	8	9	1	11

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: _____80_____

Provide the **minimum** number of students that you require to begin services in an individual school: LEA: ___5_____

Specific Student Populations Served: English Language Learners

Indicate whether your entity specializes in any of the following groups:

X Do not specialize

□ English Language Learner (ELL) students

If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____

Specific Student Populations Served: Students with Disabilities	*Indicate whether your entity specializes in any of the following groups:* X Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school X After school X Weekends X Summer
Student/Tutor Ratio	*Provide the maximum number of students who will be assigned to each tutor in your program: ___10___ students: per tutor _____1_____*
Cost	*List your fee **per hour**.* *$___50_____maximum per hour, per student* ***NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours.* **Arkansas' maximum is $50 per hour.*
Diagnostic Assessment	*Name the instrument(s) that will be used to diagnose skill levels for each individual student.* *The Learning Institute Interim assessment*
Instructional Curriculum	*Name the curriculum/curricula that will be used in all subject areas that will be covered.* CompassLearning Odyssey Hosted Solutions

Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. **The Boys & Girls Club of Saline County has not and will not provide incentives**

Rivercity Technology

Program Name	Name: Rivercity Technology_& Film, LLC Doing Business As (DBA): Rivercity Technology	
Type of Entity (*check all that apply)*	X For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA)	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Taura Taylor** Address: **1779 Kirby Parkway #70** City**: Memphis** State: **TN** Zip: **38138** Phone: **901-265-7077** Fax: _____ Email: **tauratayl**or@rivercitytechnology.org Website: www.rivercitytechnology.org	
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: _Taura Taylor_____ Street Address: 1779 Kirby Parkway #70_____ City: Memphis_____ State: _TN_____ Zip: _38138_____ Phone: 901-265-7077_____ Fax: _____ Email: tauratayl**or**@rivercitytechnology.org_____ Website: _www.rivercitytechnology.org_____	

SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No X Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. __1 Year_____ 1. Is this application a reapplication of a currently approved provider? □ No X Yes 2. Is this application a reapplication of a previously removed provider? X No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. Tennessee
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. **X** Statewide □ Or List LEA Name(s) you intend to serve
Place of Service	Check the location(s) that best describe where you will deliver services to students: X Student's Home □ Business X Community Center, Day Care Center, Pre-School X Religious Facility (e.g., church, synagogue, mosque, temple) X LEA Facility X Via Technology (check all that apply) X internet/online X software-based other (please explain) X Access site for online/web-based providers:
Transportation	Do you provide transportation? □ Yes □ No X At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

XReading

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

X English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

XMathematics

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

XScience

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: __6000 for state_____

Provide the **minimum** number of students that you require to begin services in an individual school: LEA: ____1____

Specific Student Populations Served: English Language Learners

Indicate whether your entity specializes in any of the following groups:

□ Do not specialize

X English Language Learner (ELL) students

If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____Spanish_____

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind X Deaf/hard of hearing X Emotional/behavioral disorder X Mild Intellectual disability X Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability X Significant Developmental delay X Specific learning disability X Speech-language impairment □ Traumatic brain injury X Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): X Before school X After school X Weekends X Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 10_____ students: per tutor _____1_____
Cost	List your fee **per hour**. $__50.00_____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Learning Today: Secondary assessments: Plato Learning Solutions, Curriculum Associates, Powered by K12, Advantage Encore, Headsprouts, Study Island, Education City, Academy of Reading, Academy of Math ___

Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. _Learning Today, Plato Learning Solutions, Powered by K12, Curriculum Associates, Advantage Encore, Headsprouts, Study Island, Education City, Academy of Reading, Academy of Math. Subject areas covered are: Reading/Language Arts, Math and Science. Grade levels covered are K-12.
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Gift cards, gift bags, back packs, field trips, pizza parties, special programs (i.e. magic show), technology tools for academic instruction (ipod for podcasting/vodcasting student projects) arts/crafts party, pottery party, drumming and poetry party, theatre productions,

SAU Tech Supplemental Educational Services Program

Program Name	Name**: SAU Tech Supplemental Educational Services Program** Doing Business As (DBA): _____
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School X **Institution of Higher Education** □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Robert White** Address**: PO Box 3499** City: **Camden** State: **Arkansas** Zip: **71711** Phone: **870.574.4463** Fax: **870.574.4538** Email: **rwhite@sautech.edu** Website: **www.sautech.edu**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. **X Check if information is same as Entity Contact Information.**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No **X Yes (answer questions 1 -2)** If yes, number of years as an SES provider in Arkansas. **6** 1. Is this application a reapplication of a currently approved provider? □ No **X Yes** 2. Is this application a reapplication of a previously removed provider? **X No** □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? **X No** □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.

Service Area

List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state.

□ Statewide **X Or List LEA Name(s) you intend to serve**

	LEA
1	**1402006**
2	**1402007**
3	**1402008**
4	**1402009**
5	**0602012**
6	**6062015**
7	**7001009**
8	**2002008**
9	**2002009**
10	**4605024**
11	**4605025**
12	**3704013**
13	**1408001**
14	**1408018**
15	**2202004**
16	**2202007**
17	**2203010**
18	**2203011**
19	**3004021**
20	**3704007**

Insert additional rows if necessary.

Place of Service	Check the location(s) that best describe where you will deliver services to students: □ Student's Home □ Business □ Community Center □ Religious Facility (e.g., church, synagogue, mosque, temple) **X LEA Facility** □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? □ Yes ***X*** **No** □ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

***X* Reading**

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

X English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

***X* Mathematics**

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

□Science

K
1
2
3
4
5
6
7
8
9
10

1
12

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: **__500_____**

Provide the **minimum** number of students that you require to begin services in an individual school: LEA: **_5___**

Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: **X Do not specialize** □ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: **X Do not specialize** □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school **X After school** **X Weekends** □ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: **5** students: per tutor **1**
Cost	List your fee **per hour**. $ **50.00** maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. _____ Brigance K & 1 Screen Star Buckle Down
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. **Buckle Down**
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. **Certificate of Completion** **$5.00 Wal Mart Gift Card** **$5.00 Pizza Hut Gift Card** **$5.00 McDonald's Gift Card**

SITG! Tutoring RMS

Program Name	Name: Mobley Clemmer & Associates Educational Consultant Group Incorporated Doing Business As (DBA): **SITG! Tutoring RMS**
Type of Entity (*check all that apply*)	X□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Alma M. Clemmer** Address: **Post Office Box 1454** City: **West Memphis** State: **AR** Zip: **72303** Phone: **901-596-7559** Fax: **1-866-817-7994** Email: **standinginthe_gap@yahoo.com** Website: **www.sitgtutoring.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. X□ **Check if information is same as Entity Contact Information**.
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No □ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. 6 years _____ 1. Is this application a reapplication of a currently approved provider? □ No X□ Yes 2. Is this application a reapplication of a previously removed provider? □ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? □X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. Texas

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. **X**□ Statewide □ Or List LEA Name(s) you intend to serve
Place of Service	Check the location(s) that best describe where you will deliver services to students: X□ Student's Home X□ Business X□ Community Center X□ Religious Facility (e.g., church, synagogue, mosque, temple) X□ LEA Facility □ Via Technology (check all that apply) internet/online software-based other <u>(please explain)</u> □ Access site for online/web-based providers:
Transportation	Do you provide transportation? □ Yes □ No X□ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

□Reading

K	1	2	3	4	5	6	7	8	9	10	11	12
X	X	X	X	X	X	X	X	X	X	X	X	X

☐ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11	12

□Mathematics

K	1	2	3	4	5	6	7	8	9	10	11	12
X	X	X	X	X	X	X	X	X	X	X	X	X

□Science

K	1	2	3	4	5	6	7	8	9	10	11	12
X	X	X	X	X	X	X	X	X	X	X	X	X

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: ___200_____
Provide the **minimum** number of students that you require to begin services in an individual school: LEA: __5_____

Specific Student Populations Served: English Language Learners

Indicate whether your entity specializes in any of the following groups:

x□ Do not specialize

□ English Language Learner (ELL) students

If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X□ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing X□ Emotional/behavioral disorder X□ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay X□ Specific learning disability X□ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment X□ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): X □ Before school X□ After school X □ Weekends X□ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: _____ students: per tutor ____10_____
Cost	List your fee **per hour**. $___50.00_____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. AIMSweb SRA Curriculum Based Assessments
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Reading---SRA Math & Science---Curriculum Designed Based on AR Frameworks
Incentives	Providers may offer enrolled students performance rewards with a maximum value of $50. The performance reward should be directly linked to documented meaningful attendance benchmarks and/or the completion of assessment and program objectives. **These incentives shall not be advertised in advance of actual enrollment.** Incentive reports will be required from each provider for every district served upon completion of each tutoring cycle in each district. Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Books T-Shirts Pizza/Other Parties

Sylvan Learning/Ace it!

Program Name	Name: Sage Hills, Inc. Doing Business As (DBA): **Sylvan Learning/Ace it!**
Type of Entity (*check all that apply)*	X For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: Jill Jackson Address: PO Box 16514 City: Jonesboro_ State: AR Zip: 72403 Phone: 870-203-9830 Fax: 866-533-8756 Email: jjackson@jonesborosylvan.com Website: www.educate.com
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: Ashley Hill Street Address: 2800 Browns Lane City: Jonesboro State: AR Zip: 72401 Phone: 870-219-9333 Fax: 870-932-4490 Email: ahill@jonesborosylvan.com _____ Website: www.educate.com _____
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No X Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. 2 1. Is this application a reapplication of a currently approved provider? □ No X Yes 2. Is this application a reapplication of a previously removed provider? X No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. Tennessee

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. X Statewide □ Or List LEA Name(s) you intend to serve
Place of Service	Check the location(s) that best describe where you will deliver services to students: X Student's Home – For Sylvan Online ONLY; no actual tutor will enter a student's home. X Business X Community Center X Religious Facility (e.g., church, synagogue, mosque, temple) X LEA Facility X Via Technology (check all that apply) internet/online software-based other <u>(please explain)</u> □ Access site for online/web-based providers:
Transportation	Do you provide transportation? □ Yes X No □ At Select Sites Only

Subject Areas & Grade Levels to Serve	Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

X English/Language Arts

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

X Mathematics

K	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: _3000_____ Provide the **minimum** number of students that you require to begin services in an individual school: LEA: _1_____
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _Spanish_____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize x Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): x Autism spectrum disorder □ Deaf □ Blind x Deaf/hard of hearing x Emotional/behavioral disorder x Mild Intellectual disability x Moderate Intellectual disability x Severe Intellectual disability □ Profound Intellectual disability x Significant Developmental delay x Specific learning disability x Speech-language impairment x Traumatic brain injury □ Visual impairment x Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): x Before school x After school x Weekends x Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: _8____ students: per tutor ____1_____
Cost	List your fee **per hour**. $50 maximum per hour, per student **BASED ON PPA/30, 34, OR 36 HOURS OF INSTRUCTION** **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.

Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. _GRADE, GMADE, CAT/5
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. Sylvan Curriculum or Ace it! Curriculum
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Toys from Walmart, such as: skateboards, putty, Slinkies, bubbles, Play-Doh, plastic farm animals, inexpensive purses and costume jewelry, Mr. Potato Head, basketballs, footballs, soccer balls, frisbees, gum ball machines, lava lamps, hats, Moonsand, models, arts sets, perfume, harmonica, jump ropes, board games, books, pens and pencils, dominoes, Silly String, sand art, light spinners, watches, toy microphones, puzzles, dolls, Barbies, face paint kits, piggy banks, Jenga, stickers, Legos, bowling sets, ring flyers, train whistles, hair sets, paint by numbers, jewelry craft set, marker set, temporary tattoos, solar system craft set, rainbow streamer, makeup bag, sleeping bag, body wash, paint brushes, pet bowls that you decorate, super hair shop, sticker letters, Crayola sets, Memory games, etc.

TASD Tutoring Services

Program Name	Name: TASD Tutoring Services Doing Business As (DBA): **TASD Tutoring Services**
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education **X** Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: Terry Taylor_____ Address: 3435 Jefferson Avenue_____ City: Texarkana____State: AR____Zip: _71854_____ Phone: 870-772-3371_____ Fax: 870-773-2602_____ Email: terry.taylor@tasd7.net___ Website: *http://www.tasd7.net* ___
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. **X Check if information is same as Entity Contact Information**.
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? **X** No □ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _____ 1. Is this application a reapplication of a currently approved provider? □ No □ Yes 2. Is this application a reapplication of a previously removed provider? □ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? **X** No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.

Service Area

List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state.

□ Statewide **X** Or List LEA Name(s) you intend to serve

	LEA
1	Texarkana Arkansas School District

Place of Service

Check the location(s) that best describe where you will deliver services to students:

□ Student's Home
□ Business
□ Community Center
□ Religious Facility (e.g., church, synagogue, mosque, temple)
X LEA Facility
□ Via Technology (check all that apply)
internet/online
software-based
other (please explain)
□ Access site for online/web-based providers:

Transportation

Do you provide transportation?

□ Yes **X** No

□ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	1	2	3	4	5	6	7	8	9	10	11
			X	X	X	X	X	X	X	X	X

X English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
			X	X	X	X	X	X	X	X	X

X Mathematics

K	1	2	3	4	5	6	7	8	9	0	11
			X	X	X	X	X	X	X	X	X

□Science

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 500_____ Provide the **minimum** number of students that you require to begin services in an individual school: LEA: _1_____
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: **X** Do not specialize **X** English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize **X** Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder **X** Mild Intellectual disability **X** Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay **X** Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): **X** Before school **X** After school **X** Weekends **X** Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: _10__ students: per tutor ____1_____

Cost	List your fee **per hour**. $_50.00___ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. _The Learning Institute Interim Assessment; previous year's Benchmark Exam; classroom Assessment; tutorial assessment
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. The Arkansas Academic Standards are used as the curriculum guide.
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Pens_____ ___ Movie passes_____

Terrific Trojan Tutoring

Program Name	Name: Hot Springs School District Doing Business As (DBA): Terrific Trojan Tutoring
Type of Entity (*check all that apply)*	□ For-profit company **X Public School (non-charter)** □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Anne Gentry** Address: **400 Linwood Avenue** City: **Hot Springs** State: **AR** Zip: **71913** Phone: **501-624-3372** Fax: **501-620-7829** Email: **gentrya@hssd.net** Website: **hssd.net**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. **X Check if information is same as Entity Contact Information.**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No **X**Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. 3 Is this application a reapplication of a currently approved provider? □ No **X Yes** 3. Is this application a reapplication of a previously removed provider? **X**No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? **X**No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. None

<table>
<tr><td>Service Area</td><td>List each LEA in which you agree to provide services. Check “Statewide” ONLY if you agree to provide services to <u>any</u> LEA in the entire State of Arkansas. Providers who indicate they will serve “Statewide” will be required to provide services to any and/or all LEA(s) at any location in the state.

□ Statewide □ Or List LEA Name(s) you intend to serve
<table><tr><th></th><th>LEA</th></tr><tr><td>1</td><td>2603 Hot Springs</td></tr></table></td></tr>
<tr><td>Place of Service</td><td>Check the location(s) that best describe where you will deliver services to students:

□ Student’s Home
□ Business
□ Community Center
□ Religious Facility (e.g., church, synagogue, mosque, temple)
XLEA Facility
□ Via Technology (check all that apply)
internet/online
software-based
other <u>(please explain)</u>
□ Access site for online/web-based providers:</td></tr>
<tr><td>Transportation</td><td>Do you provide transportation?
□ No XYES
□ At Select Sites Only</td></tr>
</table>

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X			X	X	X	X	X

X English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X			X	X	X	X	X

X Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X			X	X	X	X	X

X Science

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X			X	X	X	X	X

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: **3700**

Provide the **minimum** number of students that you require to begin services in an individual school: LEA: **1**

Specific Student Populations Served: English Language Learners

Indicate whether your entity specializes in any of the following groups:

□ Do not specialize

X English Language Learner (ELL) students

If yes, list the particular language(s) (e.g., Spanish, French, Japanese): **Spanish**

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize **X** Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing **X** Emotional/behavioral disorder X Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay **X** Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): **X** Before school **X** After school **X** Weekends **X** Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: **5** students: per tutor **1**
Cost	List your fee **per hour**. **$50** maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. Northwest Evaluation Assessment (NWEA)
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. ***K-4 Literacy: Good Habits Great Readers (Pearson Education) and the Exemplary Texts for Common Core State Standards (CCSS) for grades K-8 as well as Math Investigations and CGI are the texts used to meet the standards in the Common Core.***

Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. **NONE**

Tudler.com

Program Name	Name: Tudler.com, LLC Doing Business As (DBA): __Tudler.com
Type of Entity (*check all that apply)*	X For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Kenneth E. Benton Ed.D.** Address: **706 N. Berkeley Blvd.** City: **Goldsboro** State**: NC** Zip: **27534** Phone: **(919) 735-7587** Fax: **(919) 778-3661** Email: **tudlerllc@gmail.com** Website: **www.tudler.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. *X* **Check if information is same as Entity Contact Information**.
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? X No □ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _____ 1. Is this application a reapplication of a currently approved provider? □ No □ Yes 2. Is this application a reapplication of a previously removed provider? □ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. X Statewide □ Or List LEA Name(s) you intend to serve

Place of Service

Check the location(s) that best describe where you will deliver services to students:

□ Student's Home
□ Business
□ Community Center
□ Religious Facility (e.g., church, synagogue, mosque, temple)
□ LEA Facility
X Via Technology (check all that apply)
X internet/online
X software-based
other (please explain)
X Access site for online/web-based providers:
www.tudler.com

Transportation

Do you provide transportation?
□ Yes X No
□ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

X Reading

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

□English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11

X Mathematics

K	1	2	3	4	5	6	7	8	9	10	11
X	X	X	X	X	X	X	X	X	X	X	X

□Science

K	1	2	3	4	5	6	7	8	9	10	11

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: ___1000___ Provide the **minimum** number of students that you require to begin services in an individual school: LEA: ____1____
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____Spanish_____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: X Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): X Before school X After school X Weekends X Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: __10__ students: per tutor _____1_____

Cost	List your fee **per hour**. $_50.00__ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. CompassLearning Explorer/Odyssey Custom Assessment in Reading and Math for grades K-12.
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. CompassLearning Odyssey Reading K-12 CompassLearning Odyssey Math K-12
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. Gift Cards to Local Food Establishments Movie passes (High school students) Certificates of Achievement Pens, pencils, award ribbons

Tutorial Services

Program Name	Name: Tutorial Services Doing Business As (DBA): Tutorial Services
Type of Entity (*check all that apply)*	X For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: Kristie Schaufele Address: 166 S. Industrial Dr. City: Saline State: MI Zip: 48176 Phone: 734-470-6387 Fax: 734-470-6402 Email: _____ Website: www.tutorialservices.org

Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. □ Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: Ginny Fashoway Street Address: _____ City: _____ State: _____ _____ Zip: _____ Phone: 888.292.2076 _____ Fax: 734-470-6402 _____ Email: gfashoway@tutorialservices.org

SES History

Are you currently or have you ever been an approved SES provider in Arkansas?

□ No X Yes (answer questions 1 -2)

If yes, number of years as an SES provider in Arkansas. _____

1. Is this application a reapplication of a currently approved provider?
   □ No X Yes

2. Is this application a reapplication of a previously removed provider?
   X No □ Yes

Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program?

□ No XYes

If yes, provide an explanation with the entity name and state or federal agency of occurrence.

We missed a mandatory state meeting.

List any other State in which you are currently approved to provide Supplemental Educational Services.

California, Colorado, Idaho, Illinois, Maine, Michigan, Minnesota, Mississippi, Montana, New Mexico, North Carolina, North Dakota, South Carolina, South Dakota, Vermont, Virginia, and Delaware

Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. XStatewide □ Or List LEA Name(s) you intend to serve
Place of Service	Check the location(s) that best describe where you will deliver services to students: X Student's Home □ Business □ Community Center
Transportation	Do you provide transportation? □ Yes X No □ At Select Sites Only

Subject Areas & Grade Levels to Serve	Check all subject(s) and grade(s) for each subject you will offer. XReading x x x x x x x x x x x x x X English/Language Arts x x x x x x x x x x x x x XMathematics
Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 1000 Provide the **minimum** number of students that you require to begin services in an individual school: LEA: 1
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): Spanish

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): X Autism spectrum disorder □ Deaf □
Service Schedule	Select the service schedule you will offer to students (check all that apply): X Before school X After school X Weekends X Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: 1 students: per tutor 1 **NOTE: Student/tutor ratio must fall within the following ranges:** **10:1 student/tutor ratio (non-computer-based instruction)** **10:1 student/tutor ratio (computer-based instruction)**
Cost	List your fee **per hour**. $ 50.00 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. CompassLearning Odyssey Diagnostic Assessment

Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. CompassLearning Odyssey

Incentives	Providers may offer enrolled students performance rewards with a maximum value of $50. The performance reward should be directly linked to documented meaningful attendance benchmarks and/or the completion of assessment and program objectives. **These incentives shall not be advertised in advance of actual enrollment.** Incentive reports will be required from each provider for every district served upon completion of each tutoring cycle in each district. Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. We do not have any incentive rewards

Tutors With Computers, LLC

Program Name	Name: Tutors With Computers, LLC Doing Business As (DBA): **Tutors With Computers, LLC**
Type of Entity (*check all that apply)*	☑ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **David Callaway** Address: **8214 Robin Lane** City: **Rogers** State: **AR** Zip: **72756** Phone: **(888) 316-1903** Fax: **(512) 628-7082** Email: **info@tutorswithcomputers.com** Website: **www.tutorswithcomputers.com**
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. ☑ **Check if information is same as Entity Contact Information.**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? ☑ No □ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _____ 1. Is this application a reapplication of a currently approved provider? ☑ No □ Yes 2. Is this application a reapplication of a previously removed provider? ☑ No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? ☑ No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.Texas
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. ☑ Statewide □ Or List LEA Name(s) you intend to serve

Place of Service	Check the location(s) that best describe where you will deliver services to students: □ Student's Home □ Business □ Community Center □ Religious Facility (e.g., church, synagogue, mosque, temple) □ LEA Facility ☑ Via Technology (check all that apply) ☑ internet/online □ software-based □ other (please explain) ☑ Access site for online/web-based providers: Student's Home
Transportation	Do you provide transportation? □ Yes ☑ No □ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

☑ Reading

K	1	2	3	4	5	6	7	8	9	10	11	12
						x	x	x	x	x	x	x

□ English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11	12

Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: 5000 Provide the **minimum** number of students that you require to begin services in an individual school: 1 LEA: 20
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: □ Do not specialize ☑ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): ___Spanish_____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: ☑ Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): ☑ Before school ☑ After school ☑ Weekends ☑ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: __1__ students: per tutor __1___

Cost	List your fee **per hour**. $50 maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. RapidResults Reading Assessment (Vocabulary) and RapidResults Reading Assessment (Comprehension)
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. RapidResults Reading Program
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. movie passes, gift cards, food coupons, etc., total value of which will not exceed $50.

UAM-Delta Tutoring Program

Program Name	Name: __University of Arkansas at Monticello– Delta Tutoring Program_____ Doing Business As (DBA): **UAM – Delta Tutoring Program**
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School X Institution of Higher Education □ Local Education Agency (LEA) □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: _____
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: __**Kim Level**_____ Address: _____**P. O. Box 3608 UAM**__ City: ___**Monticello**_____State: ___**AR**_____Zip: ____**71656**_____ Phone: ____**870-460-1062**_____ Fax: _____**870-460-1563**_____ Email: **level@uamont.edu** Website: __**www.uamont.edu/education**__
Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. X **Check if information is same as Entity Contact Information.**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No X Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. _____ 1. Is this application a reapplication of a currently approved provider? □ No X Yes 2. Is this application a reapplication of a previously removed provider? X No □ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. N/A

Service Area

List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **<u>any</u>** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state.

□ Statewide X Or List LEA Name(s) you intend to serve

	LEA
1	Cleveland County
2	Crossett
3	Dermott
4	Dumas
5	Drew Central
6	Hamburg
7	Hermitage
8	Lakeside (Chicot)
9	McGehee
10	Monticello
11	Star City
12	Warren
13	Woodlawn

Place of Service	Check the location(s) that best describe where you will deliver services to students: □ Student's Home □ Business □ Community Center □ Religious Facility (e.g., church, synagogue, mosque, temple) X LEA Facility □ Via Technology (check all that apply) internet/online software-based other (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? □ Yes X No □ At Select Sites Only

Subject Areas & Grade Levels to Serve

Check all subject(s) and grade(s) for each subject you will offer.

*X*Reading

K	1	2	3	4	5	6	7	8	9	10	11	12
x	x	x	x	x	x	x	x	x				

X English/Language Arts

K	1	2	3	4	5	6	7	8	9	10	11	12
x	x	x	x	x	x	x	x	x				

□Mathematics

K	1	2	3	4	5	6	7	8	9	10	11	12
x	x	x	x	x	x	x	x	x				

□Science

K	1	2	3	4	5	6	7	8	9	10	11	12

Maximum and Minimum Number of Students to Serve

Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: ___150____

Provide the **minimum** number of students that you require to begin services in an individual school: LEA: ____10____

Specific Student Populations Served: English Language Learners

Indicate whether your entity specializes in any of the following groups:

X Do not specialize

□ English Language Learner (ELL) students

If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____

Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: X Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before school X After school □ Weekends □ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: __10____ students: per tutor _____1_____
Cost	List your fee **per hour**. $____50.00_____ maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. _____Formative Assessments will be used as Pre and Post Test that will be modeled closely after the state assessments for the specific grade level and subject area. Dynamic Indicators of Basic Early Literacy Skills (DIBELS) will be used in K-2 as pre and post tests for literacy._____

Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. ____Comprehensive Literacy ____Standards Based Mathematics_
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. ___Pizza Party_____ ___Pencils_____

UPCLASS

Program Name	Name: **UPCLASS Foundation, Inc.** Doing Business As (DBA): **UPCLASS**	
Type of Entity (*check all that apply)*	□ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA)	□ Community-Based Organization □ Private School □ Faith-Based Organization ☒ Other: **Non-Profit**
Entity Contact Information	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: **Margo Warner** Address: **2513 McCain Blvd, Suite #249** City: **North Little Rock**_____State: **Arkansas**_____Zip: **72116** Phone: **800-958-1520**_____ Fax: **800-958-1520** Email: **ses@UPCLASS.org**_____ Website: **www.UPCLASS.org**____	

Local Contact Information	Indicate the site where you will maintain your business and financial records in Arkansas and a local contact person. This information will be posted on the Department's website. Check if information is same as Entity Contact Information. If so, please do not complete the information below. Local Contact Person: **Michael Williams** Street Address: **2513 McCain Blvd, Suite #249** City: **North Little Rock** State: **Arkansas** Zip: **72116** Phone: **800-958-1520** Fax: **800-958-1520** Email: **ses@UPCLASS.org** Website: **www.UPCLASS.org**
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? ☒ No ☐ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas. **N/A** 1. Is this application a reapplication of a currently approved provider? ☒ No ☐ Yes 2. Is this application a reapplication of a previously removed provider? ☒ No ☐ Yes Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? ☒ No ☐ Yes List any other State in which you are currently approved to provide Supplemental Educational Services. **N/A**
Service Area	List each LEA in which you agree to provide services. **Check** "Statewide" **ONLY** if you agree to provide services to **any** LEA in the entire State of Arkansas. Providers who indicate they will serve "Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state. ☒ Statewide ☐ Or List LEA Name(s) you intend to serve

<table>
<tr><td>Place of Service</td><td>Check the location(s) that best describe where you will deliver services to students:
☒ Student's Home
□ Business
☒ Community Center
☒ Religious Facility (e.g., church, synagogue, mosque, temple)
☒ LEA Facility
☒Via Technology (check all that apply)
☒ internet/online
□ software-based
☒ other
<u>We provide in-person tutoring using a web-based curriculum for our K-12 students. For students in grades 9-12 who are unable to participate in in-person tutoring, we offer remote web-based tutoring, where the tutor is connecting with the student in "real time" from a remote location.</u>
□ Access site for online/web-based providers: <u>www.plato.com</u></td></tr>
<tr><td>Transportation</td><td>Do you provide transportation?
□ Yes ☒No
□ At Select Sites Only</td></tr>
<tr><td>Subject Areas & Grade Levels to Serve</td><td>Check all subject(s) and grade(s) for each subject you will offer.
☒Reading
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr>
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☒ English/Language Arts
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr>
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</table>
☒Mathematics
<table>
<tr><td>K</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr>
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□Science
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<tr><td>K</td><td>1</td><td>2</td><td></td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr>
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Maximum and Minimum Number of Students to Serve	Provide the **maximum** number of students that you will have the capacity to serve in all service areas combined: **1,000** Provide the **minimum** number of students that you require to begin services in an individual school: LEA: **1**
Specific Student Populations Served: English Language Learners	Indicate whether your entity specializes in any of the following groups: ☒ Do not specialize □ English Language Learner (ELL) students If yes, list the particular language(s) (e.g., Spanish, French, Japanese): _____
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: ☒ Do not specialize □ Students with Disabilities (Select the particular disabilities your entity will address under the Disabilities Education Improvement Act (IDEA 2004): □ Autism spectrum disorder □ Deaf □ Blind □ Deaf/hard of hearing □ Emotional/behavioral disorder □ Mild Intellectual disability □ Moderate Intellectual disability □ Severe Intellectual disability □ Profound Intellectual disability □ Significant Developmental delay □ Specific learning disability □ Speech-language impairment □ Traumatic brain injury □ Visual impairment □ Orthopedic impairment □ Other health impairment: Explain:
Service Schedule	Select the service schedule you will offer to students (check all that apply): ☒ Before school ☒ After school ☒ Weekends ☒ Summer
Student/Tutor Ratio	Provide the maximum number of students who will be assigned to each tutor in your program: **10** students: per tutor **1**

Cost	List your fee **per hour**. $**50.00** maximum per hour, per student **NOTE**: The Department requires a **minimum** of 20-30 service hours per student. The hourly fee is for instructional time only. LEAs can negotiate the cost per hour with the provider, as long as the maximum rate is not exceeded, in order to meet a minimum number of service hours. *Arkansas' maximum is $50 per hour.
Diagnostic Assessment	Name the instrument(s) that will be used to diagnose skill levels for each individual student. **UPCLASS Foundation, Inc. (UPCLASS) will use the PLATO® Test Packs with Prescriptions, published by PLATO® Learning for our diagnostic pre- and post- assessment.**
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. **UPCLASS will use the computer-based PLATO® curriculum from PLATO® Learning, for grades K–12 in Reading/English Language Arts and Math.**
Incentives	Please indicate any possible incentives students may receive as a result of achieving attendance benchmarks and/or the completing of assessment and program objectives: (i.e. pens, pencils, gift cards, movie passes, back packs, field trips (if allowed by LEA), etc.). Please be as specific as possible. **UPCLASS will not advertise any enrollment incentives, and will not advertise completion incentives in advance of actual student enrollment, or use incentives to entice students or their parents/families to select our services. UPCLASS will offer a backpack (valued at less than $50) to students who complete our program, or for achieving attendance benchmarks. Completion incentives shall not be advertised in advance of actual enrollment. Additionally, will provide every district served an incentive report at the end of each tutoring cycle.**