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	□ Community-BasedOrganization□ Private School□ Faith-Based Organization						
Entity Contact Information	Entity Contact Address: 4630	Person Name: Roy Pressey South Kirkman Road, Suite 361	esentative for your entity.						

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: \(\subseteq \text{Student's Home} \) \(\subseteq \text{Business} \)									
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	Provide the <u>maximum</u> 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):									
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); Options Booding									

Instructional	Reading: Options/Buckle Down Reading, our core curricula, is complimented by
Curriculum	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 Dress Mathematics Chille Concepts Drablem Calving 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 ☐ Community-Based ☐ Public School (non-charter) ☐ Private School ☐ Faith-Based ☐ Institution of Higher ☐ Other: ☐ Local Education Agency (LEA) ☐ Community-Based ☐ Organization ☐ Private School ☐ Faith-Based ☐ Organization ☐ Other: ☐							
Entity Contact Information	Provide contact information of the authorized representative for							
imormation	your entity.							
	Entity Contact Person Name: <u>Michael</u> <u>Flowers</u>							
	Address: PO Box 163005							
	City: Austin State: Texas Zip: 78716							
	Phone: <u>866-355-7221</u> Fax: <u>888-468-</u> <u>0002</u>							
	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-							
	<u>0002</u> Email: <u>ses.ar@100scholars.com</u> Website: <u>www.100Scholars.com</u>							

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. <u>7</u> <u>Years</u>							
	Is this application a reapplication of a currently approved provider?							
	No □ Yes							
	Is this application a reapplication of a previously removed provider? Total							
	□ 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	Check the location(s) that best describe where you will deliver							
Service	services to students:							
	☑ Student's Home □ Business							
	☑ Community Center							
	☑ Religious Facility (e.g., church, synagogue, mosque, temple)							
	□ 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	Check all subject(s) and grade(s) for each subject you will offer.											
to Serve	⊠Re	ading										
	K	1	2	3	4	5	6	7	8	9	10	1
	Х	X	X	X	X	X	X	X	X	X	X	X
	☑English/Language Arts											
	K	1	2		4	5	6	7	8	9	10	1
	Х	X	X	X	X	X	X	X	X	X	X	×
	☑Mathematics											
	K	1	2	3	4	5	6	7	8	9	10	1
	Х	X	X	X	X	X	X	X	X	X	X	×
	□Scie K 1 2 3 4 5 6 7 8 9 0 11 12	ence										

Maximum and Minimum Number of Students to Serve Specific Student Populations Served: English Language Learners	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 Indicate whether your entity specializes in any of the following groups: I Do not specialize
Specific Student Populations Served: Students with Disabilities	Indicate whether your entity specializes in any of the following groups: I 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:11
Cost	List your fee per hour. \$_50.00
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): <u>NA</u>							
Type of Entity (cl that apply)	X For-profit company							
Entity Contact	Provide contact information of the authorized representative for							
Information	your entity. Entity Contact Person Name:							
	Address: <u>600 Vestavia Parkway, Suite</u> 200							
	City:							
	Phone: <u>866-505-2869 X124</u> Fax: <u>205-</u> <u>978-2378</u>							
	Email: <u>jmaines@provcorp.com</u> Website: 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: <u>Mary Lynn Thompson</u>							
	Street Address: _10220 Tall Hickory Dr.							
	City: <u>Cordova</u> State: <u>TN.</u> Zip: <u>38016</u>							
	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 <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 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 Usia 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	Check all subject(s) and grade(s) for each subject you will offer.												
& Grade Levels to Serve	X Reading												
to del ve	K	1	2	3	4	5	6	7	8	9	10	11	
	Х	Х	Х	X	X	X	Х	x	Х	X	X	X	
	X English/Language Arts												
	K	1	2	3	4	5	6	7	8		10	11	
	Х	Х	Х	Х	X	X	X	Х	X	Х	Х	X	
	X Ma	thema	atics										
	K	1	2	3	4	5	6	7	8	9	10	11	
	Х	Х	Х	Х	Х	Х	Х	X	Х	Х	Х	X	
	□ Science												
	K	1	2	3	4	5	6	7	8	9	10	11	
Maximum and Minimum Number of	Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined: <u>1500</u>												
Students to Serve Provide the minimum number of students that you require to be services in an individual school: LEA:1								o begii	n				
Specific Student	Indicate whether your entity specializes in any of the following groups:												
Populations Served: English	□ Do not specialize												
Language Learners	Х	Englis	h Lan	guage	Learn	er (EL	L) stud	dents					
	If yes, list the particular language(s) (e.g., Spanish, French, Japanese): Spanish												
				-									

Specific Student	Indicate whether your entity specializes in any of the following groups:
Populations	□ Do not specialize
Served: Students with Disabilities	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 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 tutor1_
Cost	List your fee per hour .
	\$ maximum per hour, per student
	NOTE : The Department requires a <u>minimum</u> 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 (cl that apply)	X For-pi Public charter) Charter Instituted	rofit compa c School (no er School ution of Higl n	ny on- ner	 □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: 							
Entity Contact Information	Provide c your entity		ormation of	the author	orized representative for						
	Address: City: Little Phone: 5	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									
Local Contact Information	Indicate the records in will be poor X Check in please do	he site who Arkansas sted on the if informati o not comp	ere you will and a locate Department on is same lete the information.	I maintair al contact ent's web as Entity ormation	n your business and financial t person. This information osite. y Contact Information. If so, below.						
	,	Charter School Institution of Higher Corganization Cother: Cot									

SES History		ou currently or have you ever been an approved SES provider									
		xansas? No □ Yes (answer questions 1 -2)									
	1	yes, number of years as an SES provider in Arkansas.									
	_										
		Is this application a reapplication of a currently									
		approved provider?									
		X No □ Yes									
		Is this application a reapplication of a previously									
		removed provider?									
		X No □ Yes									
	l Hav	e you ever been disciplined by a state or federal agency or									
	remo	emoved from a state or federally funded program? X No □ Yes									
	If ves	s, provide an explanation with the entity name and state or									
		al agency of occurrence.									
		ny other State in which you are currently approved to provide									
	Supp None	lemental Educational Services.									
Service Area	List	each LEA in which you agree to provide services. Check									
		ewide" ONLY if you agree to provide services to <u>any</u> LEA in ntire State of Arkansas. Providers who indicate they will serve									
		ewide" will be required to provide services to any and/or all									
	LEA(.EA(s) at any location in the state.									
	X S	tatewide Or List LEA Name(s) you intend to serve									
		LEA									
	1										
	ı										
	2										
Place of	Choo	k the location(s) that best describe where you will deliver									
Service		ces to students:									
		□ Student's Home									
		□ Business									
	X Community Center										
		X Religious Facility (e.g., church, synagogue, mosque,									
		X Religious Facility (e.g., church, synagogue, mosque, temple) X LEA Facility									
		X Religious Facility (e.g., church, synagogue, mosque, temple) X LEA Facility □ Via Technology (check all that apply)									
		X Religious Facility (e.g., church, synagogue, mosque, temple) X LEA Facility									
		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)									
Transportation	Do vo	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		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: ou provide transportation?									
Transportation	Do yo	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: ou provide transportation?									

Subject Areas	Check all subject(s) and grade(s) for each subject you will offer.												
& Grade Levels to Serve	□ R	eading	J										
	K	1	2	3	4	5	6	7	8	9	10	111	l
	X	Х	Х	Х	Х	Х							
	Ei	nglish/	Langu	age A	rts		1						
	K	1	2	3	4	5	6	7	8	9	10	11	l
							Х	Х	Х				
	☐ Ma	☐ Mathematics											
	K	1	2	3	4	5	6	7	8	9	10	11	
	X	Х	X	Х	Х	Х	Х	Х	Х				
	□Scie	ence											
	K	1	2	3	4	5	6	7	8	9	10	11	I
												닠	
Maximum and Minimum Number of							udents comb			l have	the		
Students to Serve				<u>num</u> r ividual			udents A: 10	that y	ou req	uire to	begir	n	
Specific Student Populations	Indica		ether	your e	ntity s _l	peciali	zes in	any of	the fo	llowing	g		
Served: English Language		Do not	•		e l ear	ner (F	ELL) sti	udents					
Learners													
		Fre	nch, Japan	ese):			langua			Spanis —	sh,		

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.
	ioi 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: Sy	yntelesys Educational Service:	<u>s</u>								
	Doing Bu	siness As (DBA): Academic T	utoring Service								
Type of Entity (cl		X For-profit company	□ Community-Based								
that apply)		□ Public School (non- charter)	Organization □ Private School								
		□ Charter School	□ Faith-Based								
		 Institution of Higher 	Organization								
		Education	□ Other:								
		□ Local Education Agency (LEA)									
Entity Contact	Provide c	contact information of the author	orized representative for								
Information	your entit										
	Entity Co	ntity Contact Person Name: Daniel York									
	Address:	ddress: 2550 Corporate Place, C108									
	0:1										
	City: Mor	ity: Monterey Park State: Ca. Zip: 90606									
		Phone: <u>1-800-293-3091</u> Fax: <u>(323) 526-4632</u>									
		Email:info@academictutoringservice@gmail.com Website:									
	www.aca	www.academictutoringservice@gmail.com									
Local Contact		he site where you will maintain									
Information		<u>n Arkansas</u> and a local contact ested on the Department's web									
	50 po	ото от то дорагитот от то									
		if information is same as Entity not complete the information									
	piease uc	Thot complete the information	Delow.								
	Local Co	ntact Person: <u>Jennifer Armst</u>	rong								
	Street Ad	dress: 3704 Camp Robinsor	n St								
	City a North	th Little Deels	Otata: Aukamana Zin:								
	72118	th Little Rock	State: <u>Arkansas</u> Zip:								
			501) 414-0761								
		fo@academictutoringservic www.academictutoringservi									
	4 A C D 2 I G .	www.acaucinicluluring5ervi	icewyman.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.										
	Is this application a reapplication of a currently										
	approved provider? □ No X Yes										
	□ NO X les										
	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.										
	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										
	"Statewide" will be required to provide services to any and/or all LEA(s) at any location in the state.										
	V Statewide - Or Liet LEA Name(a) you intend to serve										
	X Statewide □ Or List LEA Name(s) you intend to serve										
Place of	Check the location(s) that best describe where you will deliver										
Service	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>										
Transportation	☐ Access site for online/web-based providers: Do you provide transportation?										
Transportation	Do you provide transportation:										
	X Yes □ No										
	WALCOLOUGH O'Ver Oak										
	X At Select Sites Only										

Subject Areas & Grade Levels	Check all subject(s) and grade(s) for each subject you will offer. XReading												
to Serve	K	1	2	3	4	5	6	7	8	9	10	11	
	Х	X	х	Х	X	Х	x	X	X	X	X	┪	
	E	nglish	/Langı	ıage A	ırts	<u> </u>	1	-	1	1			
	K	1	2	3	4	5	6	7	8	9	10	11	
	Х	X	X	X	Х	Х	Х	X	X	X	Х	X	
	<i>X</i> Ma	thema	tics	•	•	•	•	•	•	•	•		
	K	1	2	3	4	5	6	7	8	9	10	⊺1 1	
	Х	X	X	Х	Х	Х	Х	X	X	X	X	X	
	□Scie	ence			•	•			•	•			
	K	1	2	3	4	5	6	7	8	9	10	⊺1 1	
Maximum and Minimum Number of Students to Serve	capa Provi	city to	e <u>maxi</u> serve e <u>mini</u> an ind	in all : mum	service numbe	e area er of st	s com	bined:	5000			n	
Specific Student	Indic grou		nether	your e	entity s	pecial	izes in	any o	of the f	ollowir	ng		
Populations Served:	X Do not specialize												
English Language Learners		Englis	sh Lan	guage	Learn	er (EL	.L) stud	dents					
Lournors		Fre	ench,				langu			·			
Specific Student Populations	grou	ps:	nether	•	entity s	pecial	izes in	any o	of the f	ollowir	ng		
Served: Students with Disabilities	□ er	Stude	nts wit ill addr EA 200	h Disa ess ur									

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: <u>6</u> students: per tutor <u>1</u>
Cost	List your fee <u>per hour</u> .
	\$ <u>50</u> maximum per hour, per student
	NOTE : The Department requires a <u>minimum</u> 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 (ch that apply)	charter)										
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										
	Education Eddress: 5210 Grand Avenue, P.O. Box 3649 Ety: Fort Smith State: AR Zip: 72913-3649 Phone: 479-788-7912 Fax: 479-424-6911										
	ty: Fort Smith State: AR Zip: 72913-3649										
	Phone: 479-788-7912 Fax: 479-424-6911										
	Email: <u>irjones@uafortsmith.edu</u> Website: vww.uafortsmith.edu										
Local Contact Information	ndicate 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 Arkansas7										
	years										
	 Is this application a reapplication of a currently approved provider? □ No X Yes 										
	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 Fort Smith Public Schools										
Place of	Check the location(s) that best describe where you will deliver										
Service	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 <u>(please explain)</u>										
Transportation	□ Access site for online/web-based providers: Do you provide transportation?										
Transportation	Do you provide adnoportation:										
	□ Yes X No										
	□ At Select Sites Only										

Subject Areas	Chec	k all s	ubject	(s) and	d grade	e(s) for	each	subjec	ct you	will off	er.	\Box
& Grade Levels to Serve	<i>X</i> Rea	ding										
	K	1	2	3	4	5	6	7	8	9	10	1
	X	Х	Х	Х	Х	Х	Х					
	□ Ei	☐ English/Language Arts										
	K	1	2	3	4	5	6	7	8	9	10	111
		thema	itics		_							
	K	1	2	3	4	5	6	7	8	9	10	1 11
	X	X	X	X	X	X	X					
	□Science											
	K	1	2	3	4	5	6	7	8	9	10	1 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: 175 Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA: 20											1
Specific	Indica	ate wh	ether	vour e	ntity sı	oeciali	zes in	any of	the fo	llowing	<u> </u>	_
Student Populations	group	os:			,			j		·	,	
Served: English			t speci									
Language Learners		_	-	. •		er (ELL 	,		,			
		Fre	nch,		·	icular I	•		, •	Spanis	h, —	

Specific	Indicate whether your entity specializes in any of the following
Student Populations	groups: X Do not specialize
Served:	·
Students with Disabilities	□ 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 <u>per hour</u> .
	\$ 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	Name the curriculum/curricula that will be used in all subject areas
Curriculum	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
	<u>problem-solving</u>
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		Achieve HighPoints (by Datar	matics,						
	Doing Bus	siness As (DBA): <u>Achieve</u>							
Type of Entity (cl that apply)		 ☑ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher Education □ Local Education Agency (LEA) 	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: <u>3505 Duluth Park Lane, Suite</u>								
	City:DuluthState:GAZip:30096								
	Phone:	Phone: _770-623-6969 Ext 240 Fax:770-232-9463 Email: _sesar@achieveses.com							
Local Contact Information	records in	ne site where you will maintair <u>Arkansas</u> and a local contact sted on the Department's web	person. This information						
	☑ Check	if information is same as Er	ntity 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 le this application a reapplication of a currently
	 Is this application a reapplication of a currently approved provider?
	□ No ☑ Yes
	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,
	<u>VT</u>
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.
	(0, 313, 1.23
	☑Statewide □ Or List LEA Name(s) you intend to serve
Place of	Insert additional rows if necessary. Check the location(s) that best describe where you will deliver
Service	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:
	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	Check all subject(s) and grade(s) for each subject you will offer.											
& Grade Levels to Serve	□Rea	ading										
	K	1	2	3		5	6	7	8	9	10	11
												Ц
	□English/Language Arts											
	K	1	2	3	4	5	6	7	8	9	10	11
												Ц
	⊠Ma	thema	itics									
	K	1	2	3	4	5	6	7	8	9	10	11
			x	X	x	X	x	x	х	x	X	×
	□Science											
	K	1	2	3	4	5	6	7	8	9	10	11
Maximum and Minimum							tudents				the	
Number of Students to	capacity to serve in all service areas combined:2,000											
Serve	Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA:1										^ח	
Specific Student	Indicate whether your entity specializes in any of the following groups:											
Populations Served: English	☑ Do not specialize											
Language Learners		Englis	h Lanç	guage	Learn	er (EL	L) stuc	dents				
		Fre	ench,		•		langua			•	sh, 	

Specific Student	Indicate whether your entity specializes in any of the following groups:
Populations	☑Do not specialize
Served: Students with Disabilities	□ 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	Select the service schedule you will offer to students (check all that
Schedule	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 tutor1 for individual sessions and5 students: per tutor1 for small group sessions.
Cost	List your fee <u>per hour</u> .
	\$ <u>50</u> maximum per hour, per student
	NOTE : The Department requires a <u>minimum</u> 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: Ac	Name: Achievia Tutoring Midwest, LLC								
	Doing Bu	siness As (DBA): Achievia Tut	toring							
Type of Entity (che that apply)		X For-profit company Public School (non-charter) Charter School Institution of Higher Education Local Education Agency	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other:							
	5	(LEA)								
Entity Contact Information		Provide contact information of the authorized representative for your entity.								
	Entity Co	ntact Person Name: Huston E	. (Gene) Sherrill							
	Address:	113 Old State Rd. #103								
	City: Ellis	sville State: MO. Zip: 63021								
	Phone:3	14-477-3430 Fax: 636-386	-8960							
		Email: achievia1@aol.com Website: www.achieviatutoring.com								
Local Contact Information	Indicate to records in will be po	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.								
050 1154 200										
SES History	Are you currently or have you ever been an approved SES provider in Arkansas?									
	□ No	X Yes (answer questions								
	ır yes, 1	number of years as an SES p	rovider in Arkansas.							
		La dela conflortion a consulta	and a summer than							
	1	. Is this application a reapplic approved provider?	cation of a currently							
		□ No X Ye	S							
	2	. Is this application a reapplic	cation of a previously							
		removed provider? X No □ Ye	c							
		X INO DIE	5							
	Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? X No □ Yes									
	Suppleme	other State in which you are curental Educational Services. , MISSOURI,OKLAHOMA	rrently approved to provide							

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		Check all subject(s) and grade(s) for each subject you will offer.										
to Serve		ading	_									
	K	1	2	3	4	5	6	7	8	9	10	111
	Х	Х	Х	Х	Х	X	Х	Х	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	111
	X	Х	Х	X	Х	Х	X	Х	X	X	X	X
	□Sci	ence	ı	1	1	1	1	1	ı	1	1	\dashv
	K	1	2	3	4	5	6	7	8	9	10	11
												H
						1	1					

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+ The number served is limited only by the availability of qualified tutors
	Provide the <u>minimum</u> 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 tutor5:1

Cost	List your fee <u>per hour</u> .
	\$50.00 maximum per hour, per student
	NOTE : The Department requires a <u>minimum</u> 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, 3 rd 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: Ag	Name: Against All Odds Educational Services								
	Doina Bu	siness As (DBA): <mark>Aga</mark>	ainst All O	dds						
Type of Entity (cl that apply)		x For-profit company Public School (non-charter) Charter School Institution of Higher Education Local Education Agency (LEA)				:d				
Entity Contact Information	Provide contact information of the authorized representative for your entity.									
	Entity Co	ntact Person Name: I	Robbie W	/illiamso	n					
	Address:		8102 Cha	ırles Lan	ie					
	City: Arkansa s		North Lit	tle Rock	State:					
	Phone:		870-270-0 -	6906 F	ax:					
	Email: RV	Villiamson.aganistallo	oddstutorii	ng@gma	<u>iil.com</u> Web	osite:				
Local Contact Information	Indicate the records in will be pour control of the control of th	the site where you will have a local sted on the Department information is same on not complete the information: Ramon dress: 8720 Ranch labeled Rock	I maintain all contact ent's webs as Entity ormation I na Elliott Blvd State: I	your bus person. site. Contact I below.	siness and fi This informa	nancial ation If so,				
	Email: R Website:	espchpath@sbcglo	bal.net							

SES History	Δrav	ou currently or have you ever been an approved SES provider
3L3 History		cansas?
	х	No □ Yes (answer questions 1 -2)
	lf	yes, number of years as an SES provider in Arkansas.
	_	
		Is this application a reapplication of a currently
		approved provider?
		□ No □ Yes
		Is this application a reapplication of a previously
		removed provider?
		□ No □ Yes
	remo	e you ever been disciplined by a state or federal agency or oved from a state or federally funded program?
	_	
		any other State in which you are currently approved to provide plemental Educational Services.
_		
Service Area		each LEA in which you agree to provide services. Check ewide" ONLY if you agree to provide services to <u>any</u> LEA in
		ntire State of Arkansas. Providers who indicate they will serve
	"Stat	ewide" will be required to provide services to any and/or all
	LEA(s) at any location in the state.
	⊓ Sʻ	tatewide X Or List LEA Name(s) you intend to serve
		LEA
		LEA
	1	
		Brinkley
	1 2	LEA
		Brinkley
	2	Brinkley Crossett Dollarway
	2	Brinkley Crossett
	3 4	Brinkley Crossett Dollarway Dumas
	2	Brinkley Crossett Dollarway
	3 4	Brinkley Crossett Dollarway Dumas
	2 3 4 5 6	Brinkley Crossett Dollarway Dumas Forrest City Lee County
	2 3 4 5	Brinkley Crossett Dollarway Dumas Forrest City
	2 3 4 5 6	Brinkley Crossett Dollarway Dumas Forrest City Lee County Little Rock
	2 3 4 5 6 7	Brinkley Crossett Dollarway Dumas Forrest City Lee County Little Rock North Little Rock
	2 3 4 5 6 7	Brinkley Crossett Dollarway Dumas Forrest City Lee County Little Rock
	2 3 4 5 6 7 8	Brinkley Crossett Dollarway Dumas Forrest City Lee County Little Rock North Little Rock Pine Bluff
	2 3 4 5 6 7	Brinkley Crossett Dollarway Dumas Forrest City Lee County Little Rock North Little Rock
	2 3 4 5 6 7 8	Brinkley Crossett Dollarway Dumas Forrest City Lee County Little Rock North Little Rock Pine Bluff Pulaski County Special
	2 3 4 5 6 7 8 9	Brinkley Crossett Dollarway Dumas Forrest City Lee County Little Rock North Little Rock Pine Bluff Pulaski County Special Watson Chapel
	2 3 4 5 6 7 8 9	Brinkley Crossett Dollarway Dumas Forrest City Lee County Little Rock North Little Rock Pine Bluff Pulaski County Special

Place of		Check the location(s) that best describe where you will deliver										
Service	servi	services to students:										
		x Student's Home										
		□ Business										
		x Community Center										
				us Fac	cility (e	e.g., ch	nurch,	synag	ogue,	mosqu	ıe,	
			nple) .EA Fa	cility								
					av (ch	eck al	I that a	(vlgg				
						rnet/or		1-1- 37				
						ware-b						
			- Δος	see eita		er <u>(pl</u>			<u>1)</u> rovide	re·		
Transportation	Do v			anspo			VCD-D6	ascu p	TOVIGE	13.		\dashv
		Yes	x									
	0.										•	\perp
Subject Areas & Grade Levels			ubject	(s) and	d grad	ie(s) to	or each	n subje	ect you	WIII O	ffer.	
to Serve	X Re	ading										
	K	1	2	3	4	5	6	7	8	9	10	1
												Ш
	X	X	X	X	X	X						
												Ц
	X Fn	alish/l	angua	age Ar	ts							
	K	1				1 =	1.0	T =	Ιο		140	
	^	1	2	3	4	5	6	7	8	9	10	1
							X	X	X	X	X	夶
	X Ma	thema	atics									
	K	1	2	3	4	5	6	7	8	9	10	1
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	Х	X	X	X	X	X	X	X	X	X	X	 X
												닉
	□Scie	ence										
	ĸ	1	2	3	4	5	6	7	8	9	10	1
		-	_		-			-				
												П
												Ц
Maximum and												\dashv
Minimum	Provi	ide the	e maxi	imum	numb	er of s	tudent	s that	you w	ill have	e the	
Number of						e area						
Students to							4	- 41 4 -				
Serve						er of st ool: LE		s tnat y	you re	quire to	o pegir	1
	301 11		an inc	41 V 10 U C		, Ji. LL						

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 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

	Name: Cindi Adcock
Program Name	Doing Business As (DBA): America's Learning Solutions
J	
Type of Entity (cl	
that apply)	□ Public School (non- Organization
	charter) Private School
	□ Charter School □ Faith-Based
	☐ Institution of Higher Organization
	Education Other:
	□ Local Education
- •	Agency (LEA)
Entity Contact	Provide contact information of the authorized representative for
Information	your entity.
	Entity Contact Dorson Name: Cindi Adagak
	Entity Contact Person Name: <u>Cindi Adcock</u>
	Address: PO BOX 1539
	, 144,000. <u>1 0 20/1 1000</u>
	City: Nashville State: Arkansas Zip: 71852
	'
	Phone: <u>479-264-0323</u> Fax: <u>870-385-2502</u>
	Email: cindiadcock@americaslearningsolutions.com
	Website: www.americaslearningsolutions.com
Local Contact	Indicate the site where you will maintain your business and
Information	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.
	A Oncok ii iiiofiiladoff to saine as Entity Contact iiiofiiladoff.
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.
	
	 Is this application a reapplication of a currently
	approved provider?
	X No □ Yes
	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
	List any other State in which you are currently approved to provide
Service Area	Supplemental Educational Services. List each LEA in which you agree to provide services. Check
Service Area	
	X Statewide □ Or List LEA Name(s) you intend to serve
Corvice Area	"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.

Place of Service			Check the location(s) that best describe where you will deliver services to students:										
Transportation	X Student's Home X Business X Community Center X Religious Facility (e.g., church, synagogue, mosque, temple) XLEA Facility X Rented Space												
Subject Areas	Chec	k all si	ubiect	(s) and	l grade	e(s) for	r each	subjec	ct vou	will off	er	-	
& Grade Levels to Serve		ading	αυμουι	(o) and	, graat	3(0) 101	odon	oubjo	ot you	Will 011	01.		
to Serve	K	1	2	3	4	5	6	7	8	9	10	11	
	x	х	X	х	x	x	x	x	x	x	x	×	
	X English/Language Arts												
	K	1	2	3	4	5	6	7	8	9	10	11	
	х	x	x	х	x	x	x	x	x	x	x	×	
	X Ma	thema	tics										
	K	1	2	3	4	5	6	7	8	9	10	11	
	X	x	x	х	х	х	х	х	х	х	х	×	
	□Scie	ence											
	K	1	2	3	4	5	6	7	8	9	10	11	
												4	

Maximum and Minimum Number of	Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined: <u>1,000</u> Provide the <u>minimum</u> number of students that you require to
Students to Serve	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 Profound Intellectual disability Severe 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: <u>5</u> students: per tutor <u>1</u>
Cost	List your fee per hour.
	\$ <u>50.00</u> 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

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.								
Type of Entity (cl	Doing Business As (DBA): <u>ATS Project Success</u> heck all								
that apply)	Public School (non-charter)								
Entity Contact	Provide contact information of the authorized representative for								
Information	your entity.								
	Entity Contact Person Name: Renee Weaver-Wright								
	Address: 20674 Hall Rd.								
	City: Clinton Township State: MI Zip: 48038								
	Phone: <u>(586) 465-9474 or 1-800-297-2119</u> Fax: <u>(586) 465-9481</u>								
	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)
	Is this application a reapplication of a currently
	approved provider?
	□ No ☑ Yes
	Is this application a reapplication of a previously
	removed provider?
	☑ No □ Yes
	Have you ever been disciplined by a state or federal agency or
	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 <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	Check the location(s) that best describe where you will deliver
Service	services to students:
	☑ Student's Home
	□ Business
	□ Community Center
	□ Religious Facility (e.g., church, synagogue, mosque, temple)
	□ LÉA Facility
	☑ Via Technology (check all that apply)
	☑ internet/online ☑ software-based
	other <u>(please explain)</u>
	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	Chec	k all s	ubject	(s) and	d grad	e(s) fo	r each	ı subje	ct you	will o	ffer.	7
& Grade Levels to Serve	☑ Re	eading										
10 00.70	K	1	2	3	4	5	6	7	8	9	10	11
	Х	х	Х	х	Х	X	Х	х	х	х	х	×
	E	nglish	/Langı	uage A	ırts	•	•	•	•	•	•	
	K	1	2	3	4	5	6	7	8	9	10	∏11
	X	Х	Х	Х	Х	Х	Х	X	Х	X	Х	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	Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined: <u>1,000</u>											
Students to Serve	Provide the minimum number of students that you require to begin services in an individual school: LEA: 1											
Specific Student Populations	Indicate whether your entity specializes in any of the following groups:											
Served: English		Do no	t spec	ialize								
Language Learners		Englis				ner (El	,		(0.0	Spani	ch	
			ench,	nese):			iangu	age(s)	(e.g.,	Spani	SII,	
			-									

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 <u>per hour</u> .
	\$_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 (cl that apply)	□ Public School (non-charter) □ Private School □ Private School □ Faith-Based □ Institution of Higher Education □ Other: □ Local Education □ Agency (LEA) □ Organization □ Other: □ Other: □ Cocal Education □ Other: □ Other: □ Cocal Education □ Other: □ Ot
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: <u>479-751-8156</u> Fax: <u>479-751-8085</u>
	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:

Are you currently or have you ever been an approved SES provider in Arkansas? X No										
	SES History	provider in Arkansas? X No								

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

10

Madison Public Schools

17

Elkins School District

18

Prairie Grove Public Schools

19

Lincoln School District

20

Place of Service			location		nat be	st desc	ribe v	vhere :	you wi	ll deliv	er	
Cervice												
		 □ 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 										
						ware-b						
	other <u>(please explain)</u>											
Transportation	☐ Access site for online/web-based providers: Do you provide transportation?										\dashv	
	□ Y	'es	1 X	No								
-			ct Sites									
Subject Areas & Grade Levels			subject	(s) and	d grad	e(s) fo	r each	n subje	ect you	ı will o	tter.	
to Serve	X Re	ading										
	K	1	2	3	4	5	6	7	8	9	10	11
												Ц
	Х	X	X	X	X	X	X	X	X	X	X	X
												Ц
	│	nglish	/Langu	uage A	ırts							
					_	1.5		1 -	10	10	140	
	K	1	2	3	4	5	6	7	8	9	10	11
	-			-	1					-		H
												4
	X Ma	athema	atics									
	K	1	2	3	4	5	6	7	8	9	10	∏ 11
	Х	Х	X	Х	X	Х	Х	Х	X	Х	X	∏ x
												Ц
	□Scie	ence										
	K	1	2	3	4	5	6	7	8	Т	10	
	'`	•	_		-			'			"	Ш.
										-		Н
		<u> </u>										
Maximum and	Dravi	املا ماد			- decuse	or of o		10 4b 04		برمط الن	- 4b	7
Minimum Number of			e <u>maxi</u> serve								e tne	
Students to	'	•							_			
Serve			e <u>mini</u> ices in							quire t	0	
	begin services in an individual school: LEA: _10											

Specific Student Populations	Indicate whether your entity specializes in any of the following groups:
Served: English	□ Do not specialize
Language Learners	X English Language Learner (ELL) students
	If yes, list the particular language(s) (e.g., Spanish, French.
	Japanese): <u>Spanish and</u> Marshallese
Specific Student Populations	Indicate whether your entity specializes in any of the following groups: □ Do not specialize
Served:	·
Students with Disabilities	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 tutor1

Cost	List your fee per hour .
	\$ <u>50</u> maximum per hour, per student
	NOTE : The Department requires a <u>minimum</u> 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
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: Bl	E Keepers Unlimited, LLC	Hulimited III C
	Doing bu	siness As (DBA):BE Keepers	omimited, LLC
Type of Entity (cl that apply)	neck all	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** Indicate the site where you will maintain your business and Information 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

1

Fort Smith

5

Gurdon

A

Hot Springs

7

Jonesboro

R

Little Rock

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 <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	Chec	k all s	ubjec	t(s) an	d grac	de(s) fo	or each	n subje	ect you	ı will o	ffer.	
& Grade Levels to Serve	X Re	ading										
	K	1	2	3	4		6	7	8	9	10	∏ 11
	Х	Х	Х	Х	Х	X	Х	Х	Х	Х		
	X Er	nglish/	Langu	iage A	ırts	-	-	1	1	-1	1	1
	K	1	2	3	4	5	6	7	8	9	10	11
	Х	Х	Х	Х	Х	X	Х	Х	X	Х		
	XMathematics XMathematics											
	K	1	2	3	4	5	6	7	8	9	10	11
	Х	Х	Х	X	Х	X	X	Х	Х	X		Ħ
	□Scie	ence	I	1	1	-	-	-	1	-	1	
	K	1	2	3	4	5	6	7	8	9	10	11
			1	1			-			1		Η .

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

Specific	Indicate whether your entity specializes in any of the following									
Student	groups: □ Do not specialize									
Populations	□ Do not specialize									
Served: Students with Disabilities	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	Name the curriculum/curricula that will be used in all subject areas								
Curriculum	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

	Name: A Clubs - Boys & Girls Clubs								
	Doing Business As (DBA): Boys & Girls Clubs of Central Arkansas								
Type of Entity (cl that apply)		 □ For-profit company □ Public School (non-charter) □ Charter School □ Institution of Higher 	Organization x Other: _not for						
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: 501-6	666-3748						
	Email: cd	loramus@arclubs.org Web	osite: www.arclubs.org						

Program Name

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

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	Check the location(s) that best describe where you will deliver									
Service	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									

Cubicat Aves	Check all subject(s) and grade(s) for each subject you will offer.										_	
Subject Areas & Grade Levels	Check all subject(s) and grade(s) for each subject you will offer. X Reading											
to Serve			•	•		-		-	•		40	
	K	1	2	3	4	5	6	7	8	9	10	11
		x	X	X	X	X	x	X	X			
	Eı	☐ English/Language Arts										
	K	1	2	3	4	5	6	7	8	9	10	11
		x	х	x	x	X	х	x	х			
	X Ma	X Mathematics										
	K	1	2	3	4	5	6	7	8	9	10	11
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	Science											
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Maximum and Minimum	Provi	de the	maxii	num r	numbe	r of sti	udents	that v	ou will	have	the	
Number of	Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined:500											
Students to Serve	Provi	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: 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 tutor1
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.	

Club Z! In-Home Tutoring Services, Inc.

Program Name	Name: Club Z! In-Home Tutoring Services, Inc.										
	Doing Bu	siness As (DBA):									
Type of Entity (cl that apply)		☑ For-profit company □ Community-Based □ Public School (non- charter) □ Private School □ Charter School □ Faith-Based □ Institution of Higher Organization □ Education □ Other: □ Local Education Agency (LEA)									
Entity Contact Information	Provide c your entit	contact information of the authorized representative for cy.									
	Entity Con Program	ntact Person Name: <u>Todd Walden, Director of Federal</u> <u>s</u>									
	Address:	Address: 15310 Amberly Drive, Suite #110									
	City: <u>Tam</u>	npa State: FL Zip: 33647									
	Phone: 888.434.2582 Fax: 813.549.0185										
		es@clubztutoring.com Website: bztutoring.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.										
		if information is same as Entity Contact Information. If so, o not complete the information below.									
	Local Cor	ntact Person: <u>Cari E. Diaz</u>									
	Street Ad	dress: 8340 Eagle Crest Drive									
	City: Rog	gers State: AR Zip: 72756									
	Phone: 5	501.255.0556 Fax: <u>813.549.0185</u>									
		es@clubztutoring.com Website: bztutoring.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 <u>5</u>									
	(since March 2006)									
	Is this application a reapplication of a currently									
	approved provider?									
	□ No ☑ Yes									
	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 <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									

Check all cubicat(a) and grade(a) for each subject you will a								:11 64		_		
Subject Areas & Grade Levels to Serve		Check all subject(s) and grade(s) for each subject you will offer. ☑ Reading										
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	☑ Ma	☑ Mathematics										
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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,
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 <u>per hour</u> .								
	\$_ <u>50.00</u> _ maximum per hour, per student								
	NOTE : The Department requires a <u>minimum</u> 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: <u>Isaac Barnes</u>									
	Address: 850 Central Parkway E. Ste. 260									
	City: Plano State: TX Zip: 75074									
	Phone: <u>972-423-9801</u> Fax: <u>972-423-9836</u>									
	Email: <u>info@confidencemusic.org</u> Website: <u>www.confidencemusic.org</u>									
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.									
	$\sqrt{\mbox{Check if information is same as Entity Contact Information.}}$									
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No									
	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.									
Comico Area	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.									
	$$ Statewide $\ \square$ 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:											
Transportation	□ 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: Do you provide transportation?											
	□ Ye		□ No									
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Subject Areas				s Only (s) and		\(\alpha\) for	oooh	oubior	ot vou	will off		-
Subject Areas & Grade Levels to Serve		ading	ubjecti	(S) and	grade	(8) 101	eacn	subjec	st you	WIII OII	er.	
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	√ Ma	thema	tics		l							
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	K	1	2	3	4	5	6	7	8	9	10	11
		<u> </u>	<u> </u>									

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: LEA : LEA<
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:
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 <u>per hour</u> .
	\$50 maximum per hour, per student
	NOTE : The Department requires a <u>minimum</u> 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: Ed	Name: Educate Online Learning, LLC								
	Doing Bus	Doing Business As (DBA): Educate Online								
Type of Entity (che that apply)	neck all	✓ For-profit c □ Public Scho charter) □ Charter Sch □ Institution c Education □ Local Educ (LEA)	ompany ool (non- nool if Higher ation Agency	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other:						
Entity Contact Information	Provide co		on of the autho	rized representative for						
	Entity Cor	ntact Person Na	ıme: Angela B o	elt						
	Address:	1001 Fleet Stre	et, 8 th Floor							
	City: Baltimore State: MD Zip: 21202									
	Phone: 410-843-2672 Fax: 410-843-2629									
	Email: <u>sta</u>	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: Bach Du Address: 1001 Fleet Street, 8 th Floor									
	City: Balt	imore	Zip: 21202							
	Phone: 41	10-843-2756	Fax: 410-8 4	3-2629						
		Email: <u>Arkansas@educate-online.com</u> 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
	 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	"Stat the e "Stat	each LEA in which you agree to provide services. Check ewide" ONLY if you agree to provide services to <u>any</u> LEA in entire State of Arkansas. Providers who indicate they will serve ewide" will be required to provide services to any and/or all (s) at any location in the state.
	□ S	tatewide ✓ 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 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
33	Larayette County Ochool 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
02	Magnolia School District
63	Malverna School District
64	Manila School District
<u> </u>	THE THE STATE OF T
65	Marion School District
66	Marked Tree School District
67	Marvell School District
68	McGehee School District
22	Mana Oakaal Biskist
69	Mena School District
70	Mineral Springs School District

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	□ At	Selec	t Sites	Only								
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Maximum and Minimum Number of	Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined: 2000
Students to Serve	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	Indicate whether your entity specializes in any of the following groups: □ Do not specialize
Served: Students with Disabilities	✓ 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 □ Profound 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 <u>minimum</u> 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. <u>California Achievement Test</u>
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 signincentives, 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 (cl that apply)	□ Public School (non- charter) □ Private School □ Charter School □ Faith-Based □ Institution of Higher Organization Education □ Other: □ Local Education Agency (LEA)
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: <u>501 525 0482</u> Fax: <u>501 525 0129</u>
	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
	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
Service Area	Supplemental Educational Services. List each LEA in which you agree to provide services. Check
Service Area	"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			location		hat be	st des	cribe v	vhere	you wi	II deliv	er	
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	□ Student's Home □ Business X Community Center											
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Transportation	Dov			ess sit ranspo			web-ba	ased p	rovide	rs:		4
Transportation	БО у	ou pre	vide i	iaiispo	Ji lalioi	1 :						
	□ Yo	es	□ N	lo								
				s Only								
Subject Areas & Grade Levels			-	t(s) an	d grac	le(s) fo	or eacl	n subje	ect you	ı will o	ffer.	
to Serve		ading	_	_								
	K	1	2	3	4	5	6	7	8	9	10	11
			ļ.,	1	ļ.,	1,,	ļ.,	1	ļ.,	ļ.,	ļ.,	Ц
	Х	X	X	X	X	X	X	X	X	X	X	X
												Щ
	X Er	nglish	/Langu	ıage A	ırts							
	K	1	2	3	4	5	6	7	8	9	10	111
	Х	Х	Х	X	X	X	X	X	X	X	X	X
	X Ma	l athem	atics									\perp
	K	1	2	3	4	5	6	7	8	9	10	111
	Х	X	X	X	X	X	X	X	X	X	X	X
	X Sc	ience			1	1	-					\dashv
	K	1	2	3	4	5	6	7	8	9	10	111
	Х	Х	X	X	X	X	X	X	X	X	X	X
Maximum and Minimum Number of Students to Serve	capa Prov	city to	serve e <u>mini</u>	in all	servic numbe	e area er of s	s com tudent	ts that bined: s that	<u>150</u>		e the	n

Specific	Indicate whether your entity specializes in any of the following
Student	groups:
Populations	□ Do not specialize
Served:	X English Language Learner (ELL) students
English	If yes, list the particular language(s) (e.g., Spanish,
Language	French,
Learners	Japanese):
Omasifia	SPANISH
Specific Student	Indicate whether your entity specializes in any of the following
Populations	groups: □ Do not specialize
Served:	□ Do not specialize
Students with	□ Students with Disabilities (Select the particular disabilities your
Disabilities	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:
Service	Explain: Select the service schedule you will offer to students (check all that
Schedule	apply):
Concade	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
Cost	List your fee per hour .
	\$_50.00 maximum per hour, per student
	NOTE: The Department requires a minimum of 00.00 counts
	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.
	Training of Solving 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-SHANKERREADING/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 (c. that apply)	heck all X For-profit company Public School (non-charter) Charter School Institution of Higher Education Local Education Agency (LEA) Community-Based Organization Organization Organization 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	Indicate the site where you will maintain your business and financial					
Information	records <u>in Arkansas</u> 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
	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

List each LEA in which you agree to provide services. Check Service Area "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 Or List LEA Name(s) you intend to serve □ Statewide LEA Blytheville Brinkley Dollarway Dumas Earle Forrest City Helena/West Helena Hughes Lee County 10 Little Rock 11 Marvell North Little Rock 13 Palesti e/Wheatley 14 Pine Bluff 15 Pulaski County Special

16 Sheridan

18

19 Wynne

West Memphis

White Hall

Place of Service			locatio stude	n(s) th nts:	at bes	t desc	ribe w	here y	ou wil	l delive	er	
Transportation	Χ̈́	X E X C X F ten X L Du pro Yes	Busine Commi Religio nple) LEA Fa Uia Acce	unity Cus Fac acility (Techno ess site anspo	Center cility (e if avail ology (inter softv othe e for or rtation	lable) (check net/on vare-bar (ple nline/w	all tha line ased ease e	at appl	y)		ue,	
Subject Areas	Chec	k all s	ubject	(s) and	d grade	e(s) fo	r each	subje	ct you	will of	fer.	
& Grade Levels to Serve	X Re	ading										
	K X	1 X	2 X	3 X	4 X	5 X	6 X	7 X	8 X	9 X	10 X	111
		_ ^_		<u> </u>		_ ^				<u> </u>	<u> </u>	╧
	X English/Language Arts											
	Х	1 X	2 X	3 X	4 X	5 X	6 X	7 X	8 X	9 X	10 X	111
		_ ^_										╁
	X Ma	thema	atics									
	K	1	2	3	4	5	6	7	8	9	10	11
	Х	X	X	X	X	X	X	X	X	X	X	⊥×
	□Scie	ence										
	K	1	2	3	4	5	6	7	8	9	10	11
												Н
Maximum and Minimum Number of Students to Serve	capa Provi	city to de the	serve minii	mum in all s mum r lividua	service numbe	areas	combudents	oined:	1000			n
Specific Student Populations Served: English Language Learners	group X	os: Do no ⊐ Engl Fre	t speci	your e ialize inguag list the	e Leai	ner (E	ELL) st	udents	6		•	

0 '6'	
Specific Student	Indicate whether your entity specializes in any of the following groups:
Populations	□ Do not specialize
Served: Students with Disabilities	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 C 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 <u>minimum</u> 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 <i>Scoring High</i> for first grade students. <i>Buckle Down Publishing</i> 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: Excel	lence At Home, Inc.									
	Doing Busine	ess As (DBA): Excellence	At Home								
Type of Entity (ch that apply)	ch Ec	For-profit company Public School (non- arter) Charter School Institution of Higher Jucation Local Education Agency EA)	 □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other: 								
Entity Contact Information	Provide conta your entity.	act information of the autho	orized representative for								
	Entity Contac	Entity Contact Person Name: Angela R. Hilson									
	Address: 600	00 Poplar Avenue, Suite 2	250								
	City: Memph	nis State: TN	Zip: 38119								
	Phone: 901	Phone: 901-217-3600 Fax: 901-531-8244									
		Email: info@excellenceathometutoring.com Website:									
Local Contact		enceathometutoring.com	n your business and financial								
Information	records in Ar	<u>kansas</u> and a local contact	person. This information								
	will be posted	d on the Department's web	SITE.								
	X Check if ir	nformation is same as En	tity Contact Information.								
SES History	in Arkansas? X No										
		s this application a reapplicapproved provider? □ No □ Ye	_								
		s this application a reapplic removed provider? □ No □ Ye									
		ver been disciplined by a st n a state or federally funde □ Yes									
		r State in which you are cu Il Educational Services.	rrently approved to provide								

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	Check the location(s) that best describe where you will deliver
Service	services to students:
Transportation	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 (please explain) Access site for online/web-based providers:
Transportation	Do you provide transportation? ☐ Yes ☐ No
	X At Select Sites Only

Subject Areas	Chec	Check all subject(s) and grade(s) for each subject you will offer.										
& Grade Levels to Serve	XRea	XReading										
10 GG/10	К	1	2	3	4	5	6	7	8	9	10	11
	X	X	X	х	X	X	X	X	X	X	X	X
	E	☐ English/Language Arts										
	К	1	2	3	4	5	6	7	8	9	10	11
	Х	X	X	X	X	X	X	X	X	X	X	×
	XMa	XMathematics										+
	К	1	2	3	4	5	6	7	8	9	10	1
	Х	X	Х	X	X	X	X	X	X	X	X	X
	XScience											
	К	1	2	3	4	5	6	7	8	9	10	1
	Х	X	X	X	X	X	X	X	X	X	X	×

Maximum and Minimum Number of Students to Serve Specific	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 Indicate whether your entity specializes in any of the following
Student Populations Served: English Language Learners	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 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 <u>per hour</u> .
	\$ 50 maximum per hour, per student
	NOTE : The Department requires a <u>minimum</u> 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: <u>FDDOC</u> , Inc. (Fully Devoted Developer of Children) <u>After School Tutoring Program</u> Doing Business As (DBA): <u>FDDOC</u> , 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: □ 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: <u>Shreveport</u> State: <u>LA</u> Zip: <u>71106</u>
	Phone: <u>318 212 1846</u> Fax: <u>318 212 1848</u>
	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: <u>Alaina Johnson</u>
	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.
	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										
	l										
	К	1	2	3	4	5	6	7	8	9	10
	✓	√	√	√	V	√	V	*	*	*	1
	✓ En	glish/L	_angua	age Ar	ts					<u> </u>	
	K	1	2	3	4	5	6	7	8	9	10
	√	✓	✓	√	√	√	√	V	V	*	•
	✓Ma	thema	atics								
	K	1	2	3	4	5	6	7	8	9	10
	√	√	✓	✓	√	✓	√	√	V	V	•
	✓ Sc	ience									
	К	1	2	3	4	5	6	7	8	9	10
				√	*	√	✓	✓	✓	✓	✓

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: 3000 Provide the <u>minimum</u> 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	Indicate whether your entity specializes in any of the following
Populations Served: Students with Disabilities	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 ✓ 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 <u>per hour</u> .
	\$ <u>50.00</u> 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/CoachjTriumph 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

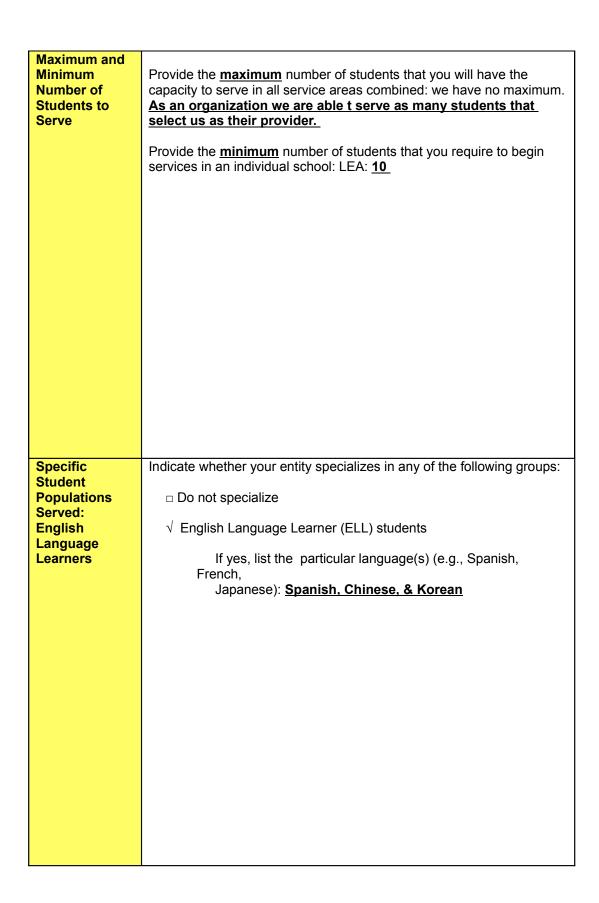
Program Name	Tiold my Hand Student Support initiative							
r rogram ramo	Name: Walk With Me Community Improvement Center							
	Doing Business As (DBA): Hold My Hand Student Support Initiative							
		Boiling Edollioso No (BEN). Hold my Haila Stadont Support Hilliative						
Type of Entity (c. that apply)	heck all	□ For-profit company □ Public School (non-	√ Community-Based Organization					
triat appry)		charter)	□ Private School					
		□ Charter School	□ Faith-Based					
		□ Institution of Higher Education	Organization □ Other:					
		□ Local Education Agency						
		(LEA)						
Entity Contact Information	Provide co entity.	ontact information of the auth	orized representative for your					
illiormation	eriuty.							
	Entity Con	Entity Contact Person Name: <u>LaToyia L. Porter</u>						
	Address: F	Address: PO Box 770653						
	City: Now	Orloans State: I A 7in:	70117					
	City. <u>INEW</u>	City: New Orleans State: LA Zip: 70117						
	Phone: <u>2</u> 9495	Phone: <u>281-690-3703 cell 985-218-9494 office</u> Fax: <u>985-218-</u>						
	3430	_						
		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						
mormation		be posted on the Department's website.						
	□ Check if	information is same as Entity	v Contact Information. If so.					
	☐ 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. 3 rd Street							
	City: McG	ehee State: A	R Zip: 71654					
			<u>5-218-9495</u>					
		ystalCBrown@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.							
	, , ,							
	 Is this application a reapplication of a currently approved provider? 							
	. □ No □ Yes							
	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 <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	Check the location(s) that best describe where you will deliver services							
Service	to students:							
	√ Student's Home							
	√ Business							
	√ Community Center							
	$\sqrt{\text{Religious Facility (e.g., church, synagogue, mosque, temple)}}$ LEA Facility							
	√ LEA Facility √ Via Technology (check all that apply)							
	√ internet/online							
	software-based							
	√ other <u>(please explain)</u> □ Access site for online/web-based providers:							
	□ Access site for online/web-based providers:							
Transportation	Do you provide transportation?							
Transportation	Do you provide transportation? √ Yes □ No							
Transportation	Do you provide transportation? √ Yes □ No □ At Select Sites Only							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							
Transportation	√ Yes □ No							

Subject Areas	Check all subject(s) and grade(s) for each subject you will offer.											
& Grade Levels to Serve	√ □Reading											
	K	1	2	3	4	5	6	7	8	9	10	11
	√	√	1	√	1	V						
	√ □	Englis	sh/Lan	guage	Arts							
	K	1	2	3	4	5	6	7	8	9	10	11
	V	1	1	V	V	V	V	V	V	V	V	V
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	√□S	cience	 e	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>		<u> </u>	
	K	1	2	3	4	5	6	7	8	9	10	11
	√	1	1	1	1	1	1	1	1	V	1	√



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 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						
Two of Fatitudes		F	V. Community Board				
Type of Entity (cl	heck all	□ 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 <u>in Arkansas</u> and a local contact person. This information will be posted on the Department's website.

 \boldsymbol{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 No □ Yes List any other State in which you are currently approved to provide Supplemental Educational Services.

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 at any location in the state. □ Statewide □ Or List LEA Name(s) you intend to serve LEA	
"Statewide" will be required to provide services to any and/or all LEA at any location in the state. □ Statewide □ Or List LEA Name(s) you intend to serve	!
at any location in the state. □ Statewide □ Or List LEA Name(s) you intend to serve	\(s)
LEA	.
1 The Hot Springs School District	
2 Lake Hamilton School District	
Z Lake Hamilton School District	(I

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	Chec	k all s	ubject(s) and	l grade	e(s) for	each	subjec	ct you	will off	er.	
& Grade Levels to Serve		eading			-			•	-			
to ocive	K	1	2	3	4	5	6	7	8	9	10	11
	X	X	X	x	X	X	X	x	X			
	X En	 glish/L	angua	ge Art	 s							
	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: 125 Students Provide the <u>minimum</u> 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): Japanese):

Specific Student Populations	Indicate whether your entity specializes in any of the following groups: □ Do not specialize
Served: Students with Disabilities	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

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: Hu	ntington Learning Centers, Ir	<u>nc.</u>
	Doing Bus	iness As (DBA):	
Type of Entity (c.	heck all	✓ For-profit company	□ Community-Based
that apply)	ncon un	□ Public School (non-	Organization
		charter)	□ Private School
		□ Charter School	□ Faith-Based
		☐ Institution of Higher	Organization □ Other:
		Education □ Local Education Agency	U Other.
		(LEA)	
		,	

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: <u>HuntingtonSES@hlcses.com</u> Website:

www.freeschooltutoring.com

Local Contact Information

Indicate the site where you will maintain your business and financial records <u>in Arkansas</u> and a local contact person. This information will be posted on the Department's website.

 $\hfill\Box$ 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: <u>501-217-3888</u> Fax: <u>501-223-2828</u>

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.
	1. Is this application a reapplication of a currently approved provider?
	□ No ✓ Yes
	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	
	entire	ewide" ONLY if you agree to provide services to <u>any</u> LEA in the State of Arkansas. Providers who indicate they will serve ewide" will be required to provide services to any and/or all LEA.	
	at an	y location in the state.	(5)
		tatewide ✓ Or List LEA Name(s) you intend to serve LEA	
	1	Alma	
	1	Aima	
	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 <u>(please explain)</u>								
	□ Access site for online/web-based providers:								
Transportation	Do you provide transportation?								
	√Yes No								
	□ At Select Sites Only								

ubject Areas Grade Levels			ubject	(s) and	grade	e(s) for	each	subje	ct you	will off	er.	
Serve		ading										
	K	1	2	3	4	5	6	7	8	9	10	11
	✓	✓	✓	✓	✓	✓	*	✓	✓	✓	•	✓
	√Enç	u glish/L	ı angua	l ge Arts	S	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	
	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: 1000 Provide the <u>minimum</u> 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 □ 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.
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

	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: <u>Little Rock</u> State: <u>AR</u> Zip: <u>72209</u> 501-562-3910							
	Phone: Fax: <u>501-562-4208</u>							
	Email: <u>ihiydc@aol.com</u> 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: <u>501-562-3910</u> Fax: <u>501-562-4208</u> Email: <u>ihiydc@aol.com</u> 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. <u>4</u> <u>years</u>							
	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 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						
	Little Rock School District						
	North Little Rock School District						
	Hazen School District						
	Pulaski County School District						

Place of	Check the location(s) that best describe where you will deliver services							
Service	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	Chec	k all e	uhiect	(s) and	d grad	2(s) fo	r each	Subje	ct vou	will of	er	
Subject Areas & Grade Levels	Check all subject(s) and grade(s) for each subject you will offer. □Reading											
to Serve	K	1	2	3	4	5	6	7	8	9	10	11
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				Х	Х	Х						
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				iage A							_	
	K	1	2	3	4	5	6	7	8	9	10	1
				Х	Х	Х	Х					
												ШЦ
	□Mat	hemat	ics									
	K	1	2	3	4	5	6	7	8	9	10	11
			1									

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: <u>30</u> 0 Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA: <u>1</u>
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 tutor10
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 Busir	ness As (DBA): <u>N/A</u>								
	, , <u>—</u>									
T 55 (1) (
Type of Entity (cl	heck all	☑ For-profit com□ Public School (Commun Organization						
		charter)	11011	□ Private S	School					
		□ Charter School		□ Faith-Bas						
		 Institution of High Education 	gner	Organizatior □ Other:	1					
		□ Local Education	n Agency							
		(LEA)								
			-							
Entity Contact Information	Provide cor entity.	ntact information of	the authoriz	ed representa	ative for your					
Illiorniation	Gillity.									
	Entity Conta	act Person Name: <u>(</u>	Gerry Galde	<u>erisi</u>						
	Address: 287 Childs Road									
	City: Basking Ridge State: New Jersey Zip: 07920									
	Phone: <u>1-908-630-9600</u> Fax: <u>1-908-630-9348</u>									
	Email: <u>ggalderisi@ieponline.com</u> Website: http://www.ieponline.com									
Local Contact		e site where you will	maintain yo	our business a	and financial					
Information		A <u>rkansas</u> and a loca he Department's we		erson. This in	formation will be					
	□ Check if information is same as Entity Contact Information. If so,									
	please do not complete the information below.									
	Local Contact Person: Patrick Maxwell									
	Street Addr	ess: 212 Cedar Mo	eadow_							
	City: <u>Mayl</u>	ene	State: Ala	<u>bama</u>	Zip: <u>35114</u>					
		05-213-5522 xwell@ieponline.c								
	Website:									

SES History	Are you currently or have you ever been an approved SES provider in
	Arkansas? ☑ No ☐ Yes (answer questions 1 -2)
	☑ No □ Yes (answer questions 1 -2) If yes, number of years as an SES provider in Arkansas.
	Is this application a reapplication of a currently approved provider?
	provider? □ No □ Yes
	2.10
	Is this application a reapplication of a previously removed
	provider? □ No □ Yes
	□ NO □ 1es
	Have you ever been disciplined by a state or federal agency or
	removed from a state or federally funded program? ☑ No ☐ Yes
	M NO □ tes
	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 <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.
	7/ Statewide — Or Liet LEA Name(a) you intend to serve
	☑ Statewide □ Or List LEA Name(s) you intend to serve
Place of	Check the location(s) that best describe where you will deliver services
Service	to students:
	- Student's Home
	□ 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	Chec	k all e	uhiect	(s) and	l arada	a(e) foi	. each	suhie	rt vou	will off	er	
& Grade Levels		eading		S) and	grade	5(3) 101	Cacii	Subjet	n you	will Oll	GI.	
to Serve	K	1	2	3	4	5	6	7	8	9	10	11
	✓	✓	✓	✓	✓	✓	✓	✓	✓			
												Ш
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	K	1	2	3	4	5	6	7	8	9	10	11
			I			l				l		

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: 3000 Provide the <u>minimum</u> 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 Noderate Intellectual disability Profound Intellectual disability Severe 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: <u>JEFFERSON LEARNING</u>									
	Doing Business As (DBA):									
Type of Entity (cl that apply)	□ Public School (non- Organization charter) □ Private School □ Faith-Based □ Institution of Higher Organization □ Other: □ Local Education Agency									
	(LEA)									
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: <u>(405) 208-3912</u> Fax: <u>(405) 234-4085</u>									
	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
	 _
	Is this application a reapplication of a currently approved
	provider?
	□ No <u>X</u> Yes
	Is this application a reapplication of a previously removed
	provider?
	<u>X</u> 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
	<u>K</u> 110
	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 <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.
	at any location in the state.
	X Statewide □ Or List LEA Name(s) you intend to serve
Place of	Check the location(s) that best describe where you will deliver services
Service	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 <u>(please explain)</u> □ Access site for online/web-based providers:
Transportation	Do you provide transportation?
·	X Yes □ No
	X At Select Sites Only

Subject Areas	Chec	k all si	ubiect((s) and	grade	e(s) for	each	subied	ct vou	will off	er.	
Subject Areas & Grade Levels	XRea		,	, s, and	. ₉ . aac	. (5) 101	24011	25.0100	. , Ju	011	J	
to Serve	K	1	2	3	4	5	6	7	8	9	10	11
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	^	^	^	^	^	^	^	^	^	^	^	^
	X End	glish/L	angua	ge Art	s							
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	X	X	X	Х	X	X	X	X	X	X	X	X
	^	^	^	^	^	^	^	^	^	^	^	^
	X Ma	thema	tics									
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							1					

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:3000 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: □ 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 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 tutor1
Cost	List your fee per hour.
	\$ <u>50</u> 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	Name the curriculum/curricula that will be used in all subject areas that
Curriculum	will be covered.
Curriculum	, 25 55 15 54.
	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_
	<u> </u>
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.
	<u>_N/A</u>

Learn It Online

Program Name	Name:Learn It Online, LLC							
	Doing Business As (DBA): <u>Learn It</u>							
	<u>Online</u>							
	, , , , , , , , , , , , , , , , , , ,							
Type of Entity (c.								
that apply)	□ Public School (non- Organization charter) □ Private School							
	□ Charter School □ Faith-Based							
	□ Institution of Higher Organization							
	Education							
	□ Local Education Agency							
	(LEA)							
Entity Contact	Provide contact information of the authorized representative for your							
Information	entity.							
	Entity Contact Person Name: Raquel Whiting Gilmer, Vice							
	President Legal & Government Affairs							
	Address:2201 Old Court							
	Road							
	City: _BaltimoreState: _Maryland							
	Zip: 21208							
	Phone: <u>(410)369-0000</u> Fax: <u>(410)269-</u>							
	0137							
	Email: Raquel.Whiting@learnitsystems.com Website:							
	www.learnitsystems.com							
Local Contact	Indicate the site where you will maintain your business and financial							
Information	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:							
	<u>Arkansas</u> Zip: <u>72002</u>							
	Phone: <u>(510)612-3781</u> Fax: <u>(510)847-</u>							
	8248							
	Email: <u>tracy.taylor@learnitsystems.com</u>							
	Website: <u>www.learnitsystems.com</u>							

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									
	 Is this application a reapplication of a currently approved provider? 									
	. □ No □ Yes									
	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									
	Rogers Public S hool									
	7 West Memphis Public Schools									
	8 Pine Bluff School District									
	9 Blytheville School District 10									
	Helena-West Helena School District									
	Hot Springs School District									
	Forrest City School District									
	Jonesboro Public Schools 14									
	Texarkana School District									
	Lee County School District									
	Osceola School District									
	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 (please explain)									
	X Access site for online/web-based providers: <u>www.compasslearningodyssey.com</u>									

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

Subject Areas	Chec	الد عال	ıhiect/	(s) and	l arada	(s) for	each	enhier	et vou	will off	er	
& Grade Levels to Serve		eading		(3) and	grade	(3) 101	Cacii	Subjec	ot you	wiii Oii	GI.	
to Serve	K	1	2	3	4	5	6	7	8	9	10	11
				Х	X	Х	Х	Х	Х	Х	X	Х
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	K	1	2	3	4	5	6	7	8	9	10	11
		l	l	l	l	l	l	l	l	l	l	ı İ

Maximum and Minimum Number of Students to Serve Specific Student Populations Served: English Language	Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined: <u>8,000</u> Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA: <u>School – 20 / LEA - 75</u> 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): <u>Spanish</u>
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 .
	\$_ <u>50</u> maximum per hour, per student
	NOTE : The Department requires a <u>minimum</u> 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. <u>LION uses the Compass Learning Odyssey Reading and Math</u> <u>Assessments.</u>
Instructional Curriculum	Name the curriculum/curricula that will be used in all subject areas that will be covered. <u>LION uses the Compass Learning Odyssey Reading and Math computer-assisted lesson curricula for instruction.</u>
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 <i>Learn</i>
	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: <u>Learning 4 Today Co.</u>								
	Doing Business As (DBA): <u>NA</u>								
Type of Entity (cl that apply)									
Entity Contact Information	Provide contact information of the authorized representative for your entity.								
	Entity Contact Person Name: <u>Al Lockett</u>								
	Address: 6520 Baseline Road								
	City:Little Rock State: AR Zip: 72209								
	Phone: <u>501-661-9291/866-526-2265</u> Fax: <u>501-663-3707</u>								
	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. $\sqrt{\text{Check if information is same as Entity Contact Information}}$								
SES History	Are you currently or have you ever been an approved SES provider in Arkansas? □ No								
	Is this application a reapplication of a currently approved provider? □ No √ Yes								
	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. <u>District of Columbia, Georgia, Illinois, Missouri, Mississippi, New York, North Carolina, South Carolina, Tennessee, Texas</u>								

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.											
	√ St	√ 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)										
Transportation	√\ □ At	es Selec	vide tra □ N st Sites	lo Only								
Subject Areas & Grade Levels			ubject	(s) and	d grade	e(s) foi	each	subje	ct you	will of	fer.	
to Serve	√ Rea	ading 1	2	3	4	5	6	7	8	9	10	11
	х	x	x	x	x	x	x	x	x	X	x	x
	√ Enç	glish/L	angua	ge Art	s							
	K	1	2	3	4	5	6	7	8	9	10	11
	х	x	х	х	х	х	х	x	x	x	х	х
	√ Ma	thema	tics					•	•	•	•	
	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
	х	Х	х	x	X	X	X	X	X	X	x	X
Maximum and Minimum Number of Students to Serve	capa Provi	Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined: _500										

Specific Student Populations	Indicate whether your entity specializes in any of the following groups: □ Do not specialize
Served:	√ English Language Learner (ELL) students
English Language Learners	If yes, list the particular language(s) (e.g., Spanish, French, Japanese): <u>Spanish</u>
Specific Student Populations	Indicate whether your entity specializes in any of the following groups: □ Do not specialize √ Students with Disabilities (Select the particular disabilities your
Served: Students with Disabilities	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: students: per tutor 1
Cost	List your fee <u>per hour</u> .
	\$50.00 maximum per hour, per student
	NOTE : The Department requires a <u>minimum</u> 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 (cl that apply)	heck all 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: □ Other:						
Entity Contact Information	Provide contact information of the authorized representative for your entity.						
	Entity Contact Person Name: <u>Lynne</u> Risner Address: <u>111 Mohawk</u> P. O. Box						
	Phone: <u>870-584-8198</u> Fax: <u>501-620-</u> <u>4322</u>						
	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 Arkansas4						
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 <u>(please explain)</u>									
	□ Access site for online/web-based providers:									
	X Other: Rented Space									
Transportation	Do you provide transportation?									
	□ Yes X No									
	V 440 L 40% O L									
	X□ At Select Sites Only									

Subject Areas	Chec	k all si	ubiect	(s) and	l grade	e(s) for	r each	subie	ct vou	will off	er	
& Grade Levels		eading		(S) and	. gradi	2(3) 101	Juon	Janjo	,	011	J	
to Serve	K	1	2	3	4	5	6	7	8	9	10	11
	х	X	X	X	X	X	X	X	X	х	X	x
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	X⊓M:	athema	atics	ı	ı	1	ı	1	ı	1	1	<u>'</u>
	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:140
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
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 <u>Ideally 7 but in odd</u> <u>situations</u> , 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. <u>Curriculum is generated by the LSC for individual schools in order to align with their curriculum</u>
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: <u>Learn-It Systems, LLC</u>									
	Doing Busi	ness As (DBA): Lea	ırn It Systen							
Type of Entity (c.	heck all	X For-profit comp	any	□ Community-Based						
that apply)		□ Public School (non-	Organization						
		charter)		□ Private S						
		□ Charter School		□ Faith-Ba	sed					
		□ Institution of Hi		Organization	n					
		Education	3	□ Other:						
		□ Local Educatio	n Agency							
		(LEA)	, .gooy							
Entity Contact	Provide co	ntact information of	the authorize	ed represent	ative for your					
Information	entity.				J					
	Entity Cont	act Person Name: I	Raquel Whit	ing Gilmer,	Vice President					
	Legal & Go	overnment Affairs	•							
	Address: 2	201 Old Court Roa	<u>d</u>							
	City: Baltimore State: Maryland Zip: 21208									
	Dhono: //	Phone: (410)369-0000 Fax: (410)269-0137								
	Filone. <u>(4</u>	F10/303-0000 Fax	(. <u>(410)209-0</u>	1131						
	Email: Rag	uel.Whiting@learr	nitsvstems.c	om Websi	ite:					
		itsystems.com	, , , , , , , , , , , , , , , , , , , ,							
Local Contact		e site where you wil	l maintain yo	ur business	and financial					
Information	records in Arkansas and a local contact person. This information will be									
	posted on the Department's website.									
	Chock if	□ Check if information is same as Entity Contact Information. If so,								
		not complete the inf			ation. If 50,					
		·								
	Local Contact Person: <u>Tracy Taylor</u>									
	Street Addr	ress: 12518 Mary L	<u>ane</u>							
	City: Alexa	<u>ander</u>	ansas	Zip: 72002						
	Phone: (5 1	10)612-3781	Fax: (510)8	347-8248						
		cy.taylor@learnits								
		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							
	· · · · -							
	 Is this application a reapplication of a currently approved provider? 							
	□ No X Yes							
	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 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 Little Rock School District Pulaski County Special School District Fort Smith Public Schools North Little Rock School District Springdale School District Rogers Public S hool West Memphis Public Schools Pine Bluff School District Blytheville School District Helena-West Helena School District Hot Springs School District Forrest City School District Jonesboro Public Schools Texarkana School District Lee County School District Osceola School District Watson Chapel School District Conway Public Schools

Place of Service		k the l		n(s) th	at bes	t desc	ribe w	here y	ou will	delive	r serv	ices
				V- 11								
	□ 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>										
	* Cha	□ Access site for online/web-based providers: * Should LEA facilities not be available, Learn It Systems will work with										
										unity c		
	local	library	, etc.)									
Transportation	Do yo	ou prov	vide tra	anspoi	'tation'	?						
	□ Ye	es	□ No)								
	XAt	Selec	t Sites	Only								
Oubicat Amora	Ohaa	li all ai		/a \ a = a	l aa al a	·/-> f		la !	.4	:11 - 44		
Subject Areas & Grade Levels			ubject(s) and	grade	e(s) for	eacn	subjec	ct you	will off	er.	
to Serve		ading	_	_				-	_	_		
	K	1	2	3	4	5	6	7	8	9	10	11
	X	X	X	Х	Х	Х	Х	Х	Х	Х	Х	Х
	□ Ei	nglish/	Langu	age A	rts		l					
	K	1	2	3	4	5	6	7	8	9	10	11
								_				
	X Ma	thema	tics									
	K	1	2	3	4	5	6	7	8	9	10	11
	X	X	X	X	X	X	X	X	X	X	X	Х
												Щ
	□Scie											
	K	1	2	3	4	5	6	7	8	9	10	11
				I	l	l	·	·	<u> </u>	I		

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: <u>8,000</u> Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA: <u>School – 20 / LEA - 75</u>
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. <u>Learn It Reading™ for reading instruction and Learn It Math™ for math instruction</u>
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 <i>Learn It & Earn It</i> 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 iT³

Program Name	Name: Magnolia iT ³ Doing Business As (DBA): Magnolia iT ³							
Type of Entity (cl	□ Pub charter □ Cha □ Inst Educat	arter School itution of High	n- er	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other:				
Entity Contact Information	Provide cor entity.	ntact info	ormation of the	e authorize	ed representative for your			
	Entity Cont	act Pers	son Name: <u>Sco</u>	ott Nipper				
	Address: P	O. Box	649					
	City: Magn	<u>olia</u>	State: AR		Zip: <u>71753</u>			
	Phone: <u>87</u>	70-901-2	<u>2521</u> Fax: <u>87</u>	<u>0-901-250</u>	<u>08</u>			
		per@magnoliaschools.net Website: noliaschools.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. I Check if information is same as Entity Contact Information.							
050 History								
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 of 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	e 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.								
	□ St	□ Statewide ☑ Or List LEA Name(s) you intend to serve							
		LEA							
	1	Magnolia School District							
	'	Wagnolia School District							
Place of Service		k the location(s) that best describe where you will deliver services idents:							
Service	เบ ธเเ	idents.							
		□ Student's Home							
	□ Business □ Community Center								
	□ 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 yo	bu provide transportation?							
·		·							
	□ Y€	es 🗷 No							
	□ At	Select Sites Only							

Subject Areas & Grade Levels	Check all subject(s) and grade(s) for each subject you will offer.											
to Serve	☑ Reading											
	K	1	2	3	4	5	6	7	8	9	10	11
					X	X	X					
		nglish/										
	K	1	2	3	4	5	6	7	8	9	10	11
					X	X	X					
	≭ Ma	athema	atics									
	K	1	2	3	4	5	6	7	8	9	10	11
					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: <u>250</u> Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA: <u>5</u>
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): ☐ Indicate whether your entity specializes in any of the following groups: ☐ 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
Service Schedule	Select the service schedule you will offer to students (check all that apply): □ Before 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. <u>Digital Learning Curriculum</u>
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 (cl that apply)	□ For-profit company □ Community-Based □ Public School (non- charter) □ Private School □ Charter School □ Faith-Based □ Institution of Higher Organization Education Other: Non-profit □ Local Education Agency organization (LEA)						
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: <u>1.888.577.1119</u> Fax: <u>1.888.577.1119</u>						
	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.						
SES History	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)						
	 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 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	Check the location(s) that best describe where you will deliver services
Service	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

	Check all subject(s) and grade(s) for each subject you will offer.												
Subject Areas & Grade Levels			ubject((s) and	grade	e(s) for	each	subjed	ct you	will off	er.		
to Serve	Read			-	4	-	<u> </u>	7	0	•	40	44	Г
	K	1	2	3		5	6		8	9	10	11	
	X	X	X	X	X	X	X	X	X	X	X	X	
	Eng	lish/La	ınguag	je Arts									-
	K	1	2	3	4	5	6	7	8	9	10	11	
	x	х	X	х	X	x	X	X	X	X	x	X	
	Math	nemati	cs										
	K	1	2	3	4	5	6	7	8	9	10	11	Ī
	X	х	х	х	Х	х	х	Х	х	X	X	X	
	□Scie	ence											
	K												
	1 2												
	3 4												
	5 6												
	7												
	8 9												
	10 1												
	12												
Maximum and Minimum	Provi	de the	maxi	mum r	numbe	er of st	udents	that v	ou wil	l have	the		-
Number of Students to	Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined: 500												
Serve	Provi	de the	minir an ind	num n ividual	umbe	r of stu	idents	that y	ou req	uire to	begir	l	
					23.100	/							

Specific Student Populations Do not specialize Do not specialize Do not specialize	lowing groups:
Populations □ Do not specialize	
English Language Learner (ELL) students	
Language Learners If yes, list the particular language(s) (e.g., S Japanese): Spanish and Vietnamese	panish, French,
Specific Indicate whether your entity specializes in any of the following	lowing groups:
Student □ Do not specialize	33 - 1
Populations Served: Students with Disabilities (Select the particular disable will address under the Disabilities Education Improve 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:	
Coloret the comice cabadule very will affect to attude the (about	a alcall that
Service Schedule Select the service schedule you will offer to students (chapply):	ieck all that
ωρρ.)/.	
□ Before school	
After school	
Weekends Summer	
Summer	
Student/Tutor Provide the maximum number of students who will be a tutor in your program: 6 students: per tutor 1	ssigned to each
Cost List your fee per hour.	
\$50.00 maximum per hour, per student	
NOTE: The Department requires a <u>minimum</u> of 20-30 s per student. The hourly fee is for instructional time only negotiate the cost per hour with the provider, as long as rate is not exceeded, in order to meet a minimum numb hours.	. LEAs can the maximum
*Arkansas' maximum is \$50 per hour.	
Arkansas maximum is 400 per nour.	

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 (cl that apply)								
Entity Contact Information	Provide contact information of the authorized representative for your entity.							
	Entity Contact Person Name: <u>LaToshia Woods</u>							
	Address: 3100 Prairie Drive							
	City: <u>Jonesboro</u> State: <u>AR</u> Zip: <u>72404</u>							
	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.							
050 11:44	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 Arkansas1							
	 Is this application a reapplication of a currently approved provider? 							
	□ No x Yes							
	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 ("State	each LEA in which you agree to provide services. Check ewide" ONLY if you agree to provide services to <u>any</u> LEA in the						
	entire	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						
		i aragoulu						
	3	Trumann						
	4	Blytheville						
	5	Osceola						
	6	Forrest City						
	7	Wynne						
	8	Nettleton						
	9	Marked Tree						
		I maines i nee						
	10	Earle						

Place of Service	Check the location(s) that best describe where you will deliver services to students:				
	⊓ Student's Home				
	□ 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 <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	Chec	k all si	ubject(s) and	grade	(s) for	each	subjec	ct you	will off	er.	
& Grade Levels to Serve	X Rea	ading										
10 001 10	K	1	2	3	4	5	6	7	8	9	10	11
		X	X	X	X		X	X	X	X	X	X
	X _□ E	English	n/Lang	uage A	Arts							
	K	1	2	3	4	5	6	7	8	9	10	11
		X	Х	X	X	X	X	X	Х	X	Х	Х
	Mathematics											
	□Mathematics K 1 2 3 4 5 6 7 8 9 10 11											
	N.	'	_	3	4	3	0	,	8	9	10	''
	□Science											
	K	1	2	3	4	5	6	7	8	9	10	11
Marinerus	Draw	- حالا مام				. of -4:	- 4 4 -	the ct		l barre	4h.a	
Maximum and Minimum	capa	ue tne city to	maxii serve	<u>num</u> r in all s	iumbe ervice	ı ot stı areas	uaents comb	tnat y ined: 5	ou will 500	nave	ıne	
Number of		-								: 4	h =!	
Students to Serve	Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA: <u>20</u>											

Specific	Indicate whether your entity specializes in any of the following groups:
Student Populations	X Do not specialize
Served: English	□ English Language Learner (ELL) students
Language	□ English Language Learner (ELL) students
Learners	If yes, list the particular language(s) (e.g., Spanish, French, Japanese):
Specific	Indicate whether your entity specializes in any of the following groups:
Student	□ Do not specialize
Populations Served:	□ Students with Disabilities (Select the particular disabilities your
Students with Disabilities	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
Otrodoust/Toston	
Student/Tutor Ratio	
	Provide the maximum number of students who will be assigned to each tutor in your program: 10:1 students: per tutor
	tator in your program. To 1 stadents, per tator
Cost	List your fee <u>per hour</u> .
	\$_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 retaining the provider of a minimum number of activities.
	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. <u>Guided Reading Plus (1st-3rd) and Comprehension Focus Intervention</u> <u>Groups for reading and writing</u>
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 (c. that apply)	□ Public School (non-charter) □ Private School □ Private School □ Faith-Based □ Institution of Higher □ Organization □ Other: □ Local Education Agency (LEA)				
Entity Contact	Provide contact information of the authorized representative for your entity.				
Information	Entity Contact Person Name: <u>Audra A. Watkins</u>				
	Address: _1418 North 50th Street				
	City: Fort Smith State: Arkansas Zip: 72904				
	Phone: <u>479-783-0100</u> 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 Arkansas4				
	 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.				

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 Fort Smith Public School District				
Place of	Check the location(s) that best describe where you will deliver services				
Service	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	Chec	Check all subject(s) and grade(s) for each subject you will offer.										
& Grade Levels	□Reading											
to Serve	K	1 1	2	3	4	5	6	7	8	9	10	11
to Serve	,	1	-	ာ	4	9	0	′	0	9	10	11
		nglish/	Langu	age Aı	rts							
	K	1	2	3	4	5	6	7	8	9	10	11
	••	-	-	•	-			-			'	
	/ NA =	41	4.									
		thema							 		4.4	44
	K	1	2	3	4	5	6	7	8	9	10	11
	✓	√	√	√	√	√	✓					
					`	,	-					
	□Scie	□Science										
	K	1	2	3	4	5	6	7	8	9	10	11
					l .	l .	1		1	ı		Т
Maximum and												
Minimum	Provi	de the	mavir	num n	umher	of etc	idents	that w	النبيديي	have t	he.	
Number of							comb				.110	
Students to	Capa	City 10	261 VG	ııı alı S	ei vice	areas	COIIID	iiieu	50			
	Drov.:	da tha	minin	um n.	ımhar	of other	donto 1	hatva	u roa:	iiro to 1	hoain	
Serve							dents t		u reqt	iiie lo	begin	
	servi	ces in	an ind	ividual	scnoo)I. LE <i>P</i>	۸: <u></u> 5	<u> </u>				
	i											

Specific Student	Indicate whether your entity specializes in any of the following groups:
Populations	✓ Do not specialize
Served:	7 Do not specialize
English	□ English Language Learner (ELL) students
Language	
Learners	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	Indicate whether your entity specializes in any of the following groups:
Student	✓ Do not specialize
Populations	□ Students with Disabilities (Select the particular disabilities your entity
Served:	will address under the Disabilities Education Improvement Act (IDEA
Students with Disabilities	2004):
Disabilities	□ 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:
O a service a	Octobrithe and in a shadule very ill offende abode to felle all that
Service Schedule	Select the service schedule you will offer to students (check all that
Scriedule	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 tutor10
Cost	List your fee per hour.
CUST	List your ree per riour.
	\$ 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 (cl that apply)	□ For-profit co □ Public Schocharter) □ Charter Sch □ Institution o Education □ Local Educa (LEA)	ool (non- nool f Higher	X Community-Based Organization Private School X Faith-Based Organization Other:			
Entity Contact Information	Provide contact information entity.	of the authorize	ed representative for your			
	Entity Contact Person Nam	e: Eric Cox				
	Address: Post Office Box	206				
	City: Earle State: AR	Zip: 72331				
	Phone: 870-792-0064 F	ax: 870-792-79 0	04			
	Email:mtbeulah0064@yah					
Local Contact	Indicate the site where you					
Information	posted on the Department's		rson. This information will be			
	□ 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: 870-7 9	92-7436			
	Email: pastorecox@yaho	o.com				
	Website: N/A					
SES History	Are you currently or have y Arkansas?	ou ever been ar	n approved SES provider in			
	X No Yes (answer	questions 1 -2)				
		•	ider in Arkansas. Three			
	 Is this applicati provider? 	on a reapplication	on of a currently approved			
	provider : □ Î	No Yes				
	Is this applicati provider?	on a reapplication	on of a previously removed			
	No					
	Have you ever been discipremoved from a state or fe X No □ Yes					
	IList any other State in which Supplemental Educational N/A		ntly approved to provide			

	1	
Service Area	"State entire "State at an	each LEA in which you agree to provide services. Check ewide" ONLY if you agree to provide services to <u>any</u> LEA in the e State of Arkansas. Providers who indicate they will serve ewide" will be required to provide services to any and/or all LEA(s) y location in the state. tatewide 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 <u>(please explain)</u>				
	□ Access site for online/web-based providers:				
Transportation	Do you provide transportation?				
	X Yes □ No				
	□ At Select Sites Only				

Subject Areas & Grade Levels		Check all subject(s) and grade(s) for each subject you will offer. X Reading												
to Serve	K	1	2	3	4	5	6	7	8	9	10	11		
	K	•	2	3	7	3		,	ŭ					
	Х	Х	х	X	X	X	X	X	X	X	X	X		
	X Eng	glish/L	angua	ige Art	S									
	К	1	2	3	4	5	6	7	8	9	10	11		
	X	X	X	X	X	X	X	X	X	X	X	X		
	X Ma	thema	itics											
	К	1	2	3	4	5	6	7	8	9	10	11		
	X	Х	Х	Х	X	Х	X	Х	Х	Х	X	х		

B4	Due ide the mandament and the death that the terms of
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: 600 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 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 C 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	Name the curriculum/curricula that will be used in all subject areas that
Curriculum	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
	I .

Olde Tyme Tutors

Program Name Nombre del programa	Nombre: C	Doing Business As (DBA): Olde Tyme Tutors, LLC Nombre: Olde Tyme Tutors Ejecutando negocios como (DBA): Olde Tyme Tutors, LLC						
Type of Entity (cithat apply) Tipo de organiza		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

Provide contact information of the authorized representative for your entity.

Información de contacto de la organización

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: <u>alexissigurani@hotmail.com</u> Página web:

www.oldetymetutors.com

Local Contact Information

Indicate the site where you will maintain your business and financial records <u>in Arkansas</u> and a local contact person. This information will be posted on the Department's website.

Información de contacto local

x□ Check if information is same as Entity Contact Information.

Indique el lugar donde usted mantendrá los expedientes de negocios y financieros <u>en Arkansas</u> 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	Are you currently or have you ever been an approved SES provider in
Historial de	Arkansas?
SES	□ 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?
	¿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 <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

<u> </u>	atewide 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	Check the location(s) that best describe where you will deliver services
Service	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 <u>(please explain)</u>
	□ 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 <u>(por favor explique)</u>
	□ Tome acceso a la página web/proveedores con páginas de
T	internet:
Transportation	Do you provide transportation?
Medios de	□ Yes X No
transporte	□ At Select Sites Only
	¿Provee usted medios de transporte?
	□ Sí X No
	□ Sólo en sitios selectos

oject Areas	Che	ck all s	ubject	(s) and	d grad	e(s) fo	r each	subje	ct you	will of	ffer.		
& Grade Levels to Serve Temas y	□Reading												
	K	1	2	3	4	5	6	7	8	9	10	11	
eles que ece	х	X	X	X	х	х	х	х	х	х	Х	х	
	☐ English/Language Arts												
	K	1	2	3	4	5	6	7	8	9	10	11	
	х	х	х	х	х	х	х	х	х	х	х	х	
	□Ma	thema	tics	•	•	•	•	•	•	•	•	•	
	K	1	2	3	4	5	6	7	8	9	10	11	
	х	x	x	х	х	х	х	х	х	х	х	х	
	□Sci	ence											
	K	1	2	3	4	5	6	7	8	9	10	11	
	х	х	х	х	х	х	Х	х	х	х	х	Х	
	Maro □Leo	 que toc ctura	los ter	nas y o	cursos	(grade	os) qu	e aplic	que.				
	l		los ter	mas y o	cursos	(grade	os) qu	e aplic	que.	9	10	11	
	□Led	tura	_								10 x	11 x	
	□Lec K x	tura 1	2 x	3 x	4	5	6	7	8	9			
	□Lec K x	tura 1 x	2 x	3 x	4	5	6	7	8	9			
	□Led K x □ Ir	tura 1 x nglés/A	2 x	3 x	4 x	5 x	6 x	7 x	8 x	9 x	x	x	
	Lec K X Ir K X	ttura 1 x nglés/A	x Artes y	3 x letras	4 x	5 x	6 x	7 x	8 x	9 x	x 10	11	
	Lec K X Ir K X	tura 1 x nglés/A	x Artes y	3 x letras	4 x	5 x	6 x	7 x	8 x	9 x	x 10	11	
	□Led K X □ Ir K X	etura 1 x nglés/A 1 x	x Artes y 2 x cas	3 letras 3 x	4 x	5 x	6 x	7 x 7 x	8 x 8 x	9 x 9 x	10 x	11 x	
	□Led K X □ Ir K X □Ma	ttura 1 x nglés/A 1 x temátic	x Artes y 2 x cas 2	3 x letras 3 x	4 x 4 x	5 x 5 x	6 x 6	7 x 7 x	8 x 8 x	9 x 9 x	10 x	11 x	
	□Led K X □ Ir K X □Max K	ttura 1 x nglés/A 1 x temátic	x Artes y 2 x cas 2	3 x letras 3 x	4 x 4 x	5 x 5 x	6 x 6	7 x 7 x	8 x 8 x	9 x 9 x	10 x	11 x	

Maximum and Provide the **maximum** number of students that you will have the Minimum capacity to serve in all service areas combined: __700_ Number of Provide the **minimum** number of students that you require to begin Students to services in an individual school: LEA: __1_ Provea el **máximo** número de estudiantes que usted tendrá la Serve capacidad de servir en todas las áreas de servicio combinadas: Número 700 máximo y Provea el **mínimo** número de estudiantes que usted requiere para mínimo de iniciar sus servicios en una escuela individual: LEA: 1 estudiantes a los que se les proporcionara servicios. Specific Indicate whether your entity specializes in any of the following groups: Student □ Do not specialize **Populations** x English Language Learner (ELL) students Served: If yes, list the particular language(s) (e.g., Spanish, French, **English** Japanese): Spanish Language Learners Indique si su organización se especializa en uno de los siguientes Población de grupos: estudiantes □ No se especializa x Estudiantes de habla inglesa (ELL) que se les Si marca sí, incluya el/los lenguaje(s) (ej., español, francés, ofrecerá servicios en japonés): español específico: Estudiantes de habla inglesa

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 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	Provide the maximum number of students who will be assigned to each
Ratio Proporción entre	tutor in your program: _3 students: per tutor
estudiantes/Tut ores	Provea el máximo número de estudiantes que les será asignado a cada tutor en su programa _3 estudiantes por tutor

Cost	List your fee <u>per hour</u> .
Costo	\$50.00 maximum per hour, per student
	NOTE : The Department requires a <u>minimum</u> 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 <u>por hora</u> .
	\$50.00 máximos por hora, por estudiante
	NOTA : El departamento exige un <u>mínimo</u> 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. <u>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.</u>
	Nombre el plan de estudios/currículo(s) en todos los temas específicos que se abarquen. <u>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.</u>

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 <u>inscritos</u> con un valor máximo de \$50. El premio de rendimiento debe de estar <u>directamente relacionado</u> con los documentos que comprueben la asistencia y/o la culminación de las evaluaciones y metas del programa. <u>Estos incentivos no deben ser anunciados antes de que el periodo de inscripción haya culminado.</u> 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 □ For-profit company □ Community-Based that apply) □ Public School (non-Organization □ Private School charter) □ Charter School □ Faith-Based □ Institution of Higher Organization Education □ Other: □ Local Education Agency (LEA)

Entity Contact	Provide contact information of the authorized representative for your
Information	entity.
	Entity Contact Person Name: <u>Lisa Turner</u>
	Address: 400 S Avalon Street
	City: West Memphis State: AR _Zip: 72301
	Phone: <u>870-400-2233</u> Fax: <u>870-394-9403</u>
	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: <u>870-400-2233</u> Fax: <u>870-733-1006</u> 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
	Is this application a reapplication of a currently approved provider?
	□ No x Yes
	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 <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

Diseasef	Check the location(s) that best describe where you will deliver services											
Place of Service		idents		ກາ(ຮ) ແ	nat be	si des	cribe v	viiere	you wi	ii deliv	er serv	rices
		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>										
Transportation	Do vo	□ Access site for online/web-based providers: Do you provide transportation?										
portation		X Yes □ No										
		□ At Select Sites Only Check all subject(s) and grade(s) for each subject you will offer.										
Subject Areas	Chec	k all s	ubject	(s) an	d grad	le(s) fo	or each	ı subje	ect you	ı will o	ffer.	
& Grade Levels to Serve	X Re	ading										
to Serve	K	1	2	3	4	5	6	7	8	9	10	11
	^	'	-	"	•	3	•	'	•	•	10	'
	x	x	x	x	x	x	x	x	x			+
	^	^	^	^	^	^	^	^	^			
												Ш
	x Eng	glish/L	angua	ige Art	ts							
	K	1	2	3	4	5	6	7	8	9	10	11
	\ \	'	-	3	4	3	6	'	°	9	10	''
		<u> </u>	\	\	<u> </u>	- V	<u> </u>	<u> </u>	-			+-+
	X	X	X	X	X	X	X	X	X			
	X Ma	thema	atics									
	K	1	2	3	4	5	6	7	8	9	10	11
	N	'	-	"	"	3	•	'	•	•	10	''
	X	x	x	x	\x	x	x	x	x			+
	^	^	^	^	^	^	^	^	^			
	□Scie	ence										
	K	1	2	3	4	5	6	7	8	9	10	11
	'\	'	-	"	-		"	'	"	"	'0	l II
												+
Maximum and												
Minimum										ill have	e the	
Number of	capa	city to	serve	in all	servic	e area	s com	bined:	<u>1000</u>			
Students to Serve	Provi	de the	mini	mum	numha	ar of et	tudents	e that	VOLL FO	auiro t	o begii	,
Jei ve					al scho			s iliai	you ie	quii e ti	o begii	'
Specific					entity s	pecia	lizes ir	any c	of the f	ollowir	ng grou	ıps:
Student		Do no	•		- L	wo = /1		ا - علم باس	-			
Populations Served:	×	∟ng					ELL) s			Spanie	sh, Fre	anch
English					ie pai Spanis		iariyu	ay c (S)	(c .y.,	Oparii	эн, гit	ziiUII,
Language			Japai		_							
Learners												

Specific Student Populations	Indicate whether your entity specializes in any of the following groups: □ Do not specialize
Served: Students with Disabilities	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 Î
	□ Profound Intellectual disability □ Significant Developmental delay
	□ Specific learning disability □ Speech-language
	impairment
	□ Traumatic brain injury □ Visual impairment
	□ Orthopedic impairment □ Other health impairment:
	Explain:
Service	Select the service schedule you will offer to students (check all that
Schedule	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 <u>minimum</u> 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 (cl that apply)	heck all	□ For-profit company □ Community-Based □ Public School (non- charter) □ Private School □ Charter School □ Faith-Based □ Institution of Higher Education □ Other: □ Local Education Agency (LEA)								
Entity Contact Information	Provide col entity.	ntact information of the authorized representative for your								
	,	act Person Name : Florence Charavay								
	Address: _ Ln_	_6408 Waterhill								
	City: Fort 76179	Worth State: TX Zip:								
	Phone: <u>(8</u>	17)812-8000 Fax: (866) 270-1763								
		ence@prioritymyeducation.com ww.prioritymyeducation.com								
Local Contact Information	records <u>in /</u>	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.								
		Dease do not complete the information below.								
	Local Cont	act Person: <u>Donna Holmes</u>								
	Street Add	ress: 1818 N. Taylor St, Suite 348								
	City: Little	Rock State: AR Zip: _72207_								
	Phone:	Fax: (866) 270-1763								
	Email: AR	<u>@prioritymyeducation.com</u>								
	Website: w	ww.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.
	Is this application a reapplication of a currently approved
	provider? □ No X Yes
	A Too
	Is this application a reapplication of a previously removed provider?
	xNo □ 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 <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	Check the location(s) that best describe where you will deliver services
Service	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 <u>(please explain)</u>
Transportation	☐ Access site for online/web-based providers: Do you provide transportation?
Hansportation	□ Yes □ No
	X At Select Sites Only

Subject Areas													
& Grade Levels to Serve	X Re	ading											
	K	1	2	3	4	5	6	7	8	9	10	11	ſ
													L
	X	X	X	X	X	X	X	X	X	X	X	X	
					1						<u> </u>		L
	X Eng	glish/L	angua	age Art	s								
	K	1	2	3	4	5	6	7	8	9	10	11	
	X	X	Х	Х	X	Х	Х	Х	X	X	Х	Х	
	х Ма	thema	ntics										
	K	1	2	3	4	5	6	7	8	9	10	11	
	X	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	
	X Sci	ence											
	K	1	2	3	4	5	6	7	8	9	10	11	
	X	X	X	Х	Х	Х	Х	Х	X	Х	Х	Х	
											•		١
Maximum and Minimum Number of						er of st e areas					the		
Students to Serve						r of stu ol: LE <i>P</i>		that y	ou req	uire to	begir	1	
Specific Student	Indica	ate wh	ether	your e	ntity s	peciali	zes in	any of	the fo	llowing	g grou	ıps:	
Student Populations	x [Do not	speci	alize									
Served: English	E	Englis	h Lang	guage	Learn	er (ELI	_) stud	lents					
Language Learners						icular l						ench,	

Specific	Indicate whether your entity specializes in any of the following groups:
Student	
Populations	X Do not specialize
Served: Students with Disabilities	□ 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 □ Profound 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:1 students: per tutor1
Cost	List your fee per hour.
	\$50 maximum per hour, per student
	NOTE : The Department requires a <u>minimum</u> 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: Pro	Name: Project Parity Plus								
	Doing Busi	ness As (DBA):								
Type of Entity (cl	heck all	 □ 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 coi entity.	ntact information of the authoriz	zed representative for your							
	Entity Cont	act Person Name: Jasen Kelly	<u>!</u>							
	Address: 10	05 Cox St.								
		on State: <u>AR Zip: 72015</u>								
		01.315.8100 Fax: 501.315.818								
		n@scbgclub.com Website:								
Local Contact Information	records <u>in A</u>	e site where you will maintain yo <u>Arkansas</u> and a local contact pe the Department's website.								
	X Check is	f information is same as Enti	ty Contact Information.							
SES History	Arkansas? □ No	x Yes (answer questions 1 -2 umber of years as an SES prov	2)							
	1.	Is this application a reapplicat provider?	ion of a currently approved							
	2.	Is this application a reapplicat provider? X No Yes	ion of a previously removed							
		ever been disciplined by a state om a state or federally funded Yes								
		ner State in which you are curre ntal Educational Services.	ently approved to provide							

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 Bauxite School District 2 Benton School District 3 Bryant School District 4 Benton Harmony Grove School District
Place of Service	Check the location(s) that best describe where you will deliver services to students:
Service	□ 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:
Transportation	Do you provide transportation?
	□ Yes X No
	□ At Select Sites Only

Subject Areas	Chec	k all s	ubject	(s) and	grade	e(s) fo	r each	subje	ct you	will of	fer.	
& Grade Levels to Serve	X Re	ading										
	K	1	2	3	4	5	6	7	8	9	10	11
	х	X	x	x	x	x	x	x	x			
	X En	X English/Language Arts										
	K	1	2	3	4	5	6	7	8	9	10	11
	х	X	x	x	x	x	x	x	x			
	Х Ма	thema	ntics									
	K	1	2	3	4	5	6	7	8	9	10	11
	X	X	X	X	X	X	X	X	X			
	□Scie	ence										
	K	1	2	3	4	5	6	7	8	9	1	11
Maximum and												
Minimum Number of Students to		Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined:80										
Serve						r of stu ol: LE <i>P</i>			ou req -	uire to	begir	1
Specific Student					ntity s	peciali	zes in	any of	the fo	llowin	g grou	ıps:
Populations	X	Do no	t spec	ialize								
Served: English	_ I	Englisl	h Lang	juage	Learne	er (ELI	_) stud	ents				
Language Learners						icular l					sh, Fre 	ench,

Chaoifia	Indicate whether your entity encoralizes in any of the following groups:
Specific Student	Indicate whether your entity specializes in any of the following groups:
Populations	X Do not specialize
Served: Students with Disabilities	□ 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 □ 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 tutor1
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							
Type of Entity (c. that apply)		ness As (DBA): Rivercity Techn X For-profit company Description Public School (non-						
тис арргуу		charter) □ Charter School □ Institution of Higher	□ Private School□ Faith-Based					
		(LEA)						
Entity Contact Information	Provide contact information of the authorized representative for you entity.							
	Entity Cont	act Person Name: <u>Taura Taylo</u>	<u>r</u>					
	Address: 1	779 Kirby Parkway #70						
	City: Mem	ohis State: TN Zip: 38138						
	Phone: <u>9(</u>	01-265-7077 Fax:						
	Email: taurataylor@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 Cont Taylor	act Person: <u>Taura</u>						
	Street Address: 1779 Kirby Parkway #70							
	City: Memphis State: _TN Zip: _38138							
	Website:	@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 Arkansas1_							
	<u>Year</u>							
	1 le this application a reapplication of a currently approved							
	 Is this application a reapplication of a currently approved provider? 							
	□ No X Yes							
	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. <u>Tennessee</u>							
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	Check the location(s) that best describe where you will deliver services							
Service	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 via reciniology (check all that apply) X internet/online							
	X software-based							
	other <u>(please explain)</u>							
	X Access site for online/web-based providers:							
Transportation	Do you provide transportation? □ Yes □ No							
	X At Select Sites Only							

Subject Areas	Chec	k all s	ubject	(s) and	grad	e(s) fo	r each	subje	ct you	will of	fer.		Check all subject(s) and grade(s) for each subject you will offer.											
& Grade Levels to Serve	XRea	ading																						
	K	1	2	3	4	5	6	7	8	9	10	11												
	Х	X	X	Х	Х	Х	Х	Х	X	X	X	X												
	X English/Language Arts																							
	K	1	2	3	4	5	6	7	8	9	10	11												
	Х	X	X	X	X	X	X	X	X	X	X	X												
		hemat																						
	K	1	2	3	4	5	6	7	8	9	10	11												
	Х	X	X	X	X	X	X	X	X	X	X	X												
	XScience																							
	K	1	2	3	4	5	6	7	8	9	10	11												
	Х	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:6000 for_							the		_														
Gerve	Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA:1																							
Specific Student Populations Served:	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X English Language Learner (ELL) students																							
English Language Learners	If yes, list the particular language(s) (e.g., Spanish, French, Japanese): <u>Spanish</u>																							

Specific Student	Indicate whether your entity specializes in any of the following groups: □ Do not specialize
Populations Served: Students with Disabilities	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. <u>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</u>

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 (cathat apply)	□ For-profit company □ Community-Based □ Public School (non-charter) □ Private School □ Faith-Based □ Charter School □ Faith-Based □ Community-Based □ Private School □ Private School □ Charter School □ Faith-Based □ Community-Based □ Private School □ Private S							
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.							
050 11:44	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							
	 Is this application a reapplication of a currently approved provider? □ No <u>X Yes</u> 							
	 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.

□ St	atewide 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
Inser	t additional rows if necessary.

□ 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:						
Do you provide transportation?						
□ Yes <u>X No</u> □ At Select Sites Only						

Subject Areas	Check all subject(s) and grade(s) for each subject you will offer.												
& Grade Levels to Serve	X Re	ading											
	K	1	2	3	4	5	6	7	8	9	10	11	
	X	X	Х	Х	X	X	X	X	X	X	X	Х	
	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	Х	
	X Ma	thema	atics										
	K	1	2	3	4	5	6	7	8	9	10	11	
	X	Х	Х	Х	X	Х	Х	Х	X	X	Х	Х	
Maximum and Minimum	Science K 1 2 3 4 5 6 7 8 9 10 1 12												
	Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined: Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA:												

Specific	Indicate whether your entity specializes in any of the following groups:
Student	
Populations	X Do not specialize
Served:	
English	□ English Language Learner (ELL) students
Language	= =g =sgg. ==s (===) =
Learners	If yes, list the particular language(s) (e.g., Spanish, French,
Learners	Japanese):
	Japanese).
0	Ladiante de thankan and the same of the same of the fall and a same
Specific	Indicate whether your entity specializes in any of the following groups:
Student	X Do not specialize
Populations	□ Students with Disabilities (Select the particular disabilities your
Served:	entity will address under the Disabilities Education Improvement Act
Students with	(IDEA 2004):
Disabilities	(IDEA 2004).
	- Autions an atmum diagraphy
	□ 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	Coloct the convice cohodule you will affer to students (sheek all that
	Select the service schedule you will offer to students (check all that
Schedule	apply):
	□ Before school
	X After school
	X Weekends
	□ Summer
Student/Tutor	Provide the maximum number of students who will be assigned to each
Ratio	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.
	Tiouis.
	*Arkansas' maximum is \$50 per hour.
	Titalisas maximum is 400 por moun

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

Type of Entity (clapply)	Name: Mobley Clemmer & Associates Educational Consultant Group Incorporated Doing Business As (DBA): SITG! Tutoring RMS X For-profit company							
Entity Contact	Provide contact information of the authorized representative for your entity.							
Information	Entity Contact Person Name: <u>Alma M. Clemmer</u>							
	Address: Post Office Box 1454							
	City: <u>West Memphis</u> State: <u>AR</u> Zip: <u>72303</u>							
	Phone: <u>901-596-7559</u> Fax: <u>1-866-817-7994</u> Email: <u>standinginthe gap@yahoo.com</u> Website: <u>www.sitgtutoring.com</u>							
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							
oco matory	Arkansas? □ No □ Yes (answer questions 1 -2)							
	If yes, number of years as an SES provider in Arkansas. <u>6</u> <u>years</u>							
	 Is this application a reapplication of a currently approved provider? □ No X□ Yes 							
	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 (please explain) □ Access site for online/web-based providers:
Transportation	Do you provide transportation? □ Yes □ No X□ At Select Sites Only

Subject Areas	Check all subject(s) and grade(s) for each subject you will offer.												
& Grade Levels to Serve	□Reading												
	K	1	2	3	4	5	6	7	8	9	10	11	12
	Х	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
		hemat		,	•		ı	_					
	K	1	2	3	4	5	6	7	8	9	10	11	12
	Х	X	X	X	X	X	X	X	X	X	X	X	X
	□Scie	ence								•			
	K	1	2	3	4	5	6	7	8	9	10	11	12
	Х	X	Х	Х	X	Х	Х	Х	Х	Х	Х	X	X
Maximum and	Dravi	مطه ماه				f i		- that		II baye			h. 40
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:200Provide 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 If yes, list the particular language(s) (e.g., Spanish, French, Japanese):												

Specific Student	Indicate whether your entity specializes in any of the following groups: □ Do not specialize
Populations Served: Students with Disabilities	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 K_ Emotional/behavioral disorder Mild Intellectual disability Moderate Intellectual disability Severe Intellectual disability Profound Intellectual disability Significant Developmental delay K_ Specific learning disability Speech-language impairment Traumatic brain injury Visual impairment Orthopedic impairment Cother 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 tutor10
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. ReadingSRA Math & ScienceCurriculum 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 Or and Hills Land									
	Name: <u>Sage Hills, Inc.</u> Doing Business As (DBA): <u>Sylvan Learning/Ace it!</u>									
Type of Entity (cf										
that apply)	□ Public School (non- Organization									
that apply)	charter) □ Private School									
	□ Charter School □ Faith-Based									
	☐ Institution of Higher Organization									
	Education									
	□ Local Education Agency									
	(LEA)									
Entity Contact	Provide contact information of the authorized representative for your									
Information	entity.									
	Entity Contact Person Name: <u>Jill Jackson</u>									
	Address: PO Box 16514									
	City: <u>Jonesboro</u> State: <u>AR</u> Zip: <u>72403</u>									
	σις. <u>σσησουσίο_</u> σιαισ. <u>7113</u> Διβ. <u>12400</u>									
	Phone: <u>870-203-9830</u> Fax: <u>866-533-8756</u>									
	Email: jjackson@jonesborosylvan.com Website: www.educate.com									
Local Contact	Indicate the site where you will maintain your business and financial									
Information	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: <u>Jonesboro</u> State: <u>AR</u> Zip: <u>72401</u>									
	Phone: <u>870-219-9333</u> Fax: <u>870-932-4490</u>									
	Email: ahill@jonesborosylvan.com									
	Website: www.educate.com									
050 111 4										
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									
	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.									
	<u>Tennessee</u>									

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	Check the location(s) that best describe where you will deliver services
Service	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 _(please explain) Access site for online/web-based providers:
Transportation	Do you provide transportation?
	□ At Select Sites Only

Subject Areas	Chec	k all si	ubiect/	s) and	grade	e(s) foi	each	subied	ct vou	will off	er.	
Subject Areas & Grade Levels to Serve Check all subject(s) and grade(s) for each subject you w X Reading							•11					
to Serve	K	1	2	3	4	5	6	7	8	9	10	11
	X	X	X	X	Х	X	X	X	X	X	X	х
				ge Art								
	K	1	2	3	4	5	6	7	8	9	10	11
	X	X	X	X	X	X	X	X	X	X	х	X
X Mathematics												
	K	1	2	3	4	5	6	7	8	9	10	11
	X	X	X	X	X	х	Х	X	X	Х	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: 3000 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 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	\$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 (a)	nook oll	For profit company	- Community Docad							
Type of Entity (cl		For-profit company	□ Community-Based							
ιπαι αρριγ)		Public School (non-	9							
		arter) Charter School	□ Private School							
			□ Faith-Based							
		Institution of Higher	□ Other:							
		Local Education Agend								
		EA)	-y							
Entity Contact		-	horized representative for your							
Information	entity.		nonzou representative for your							
	Entity Contact	Person Name: Terry								
	Taylor									
	Address: <u>3435</u>	<u>Jefferson</u>								
	<u>Avenue</u>									
	City: Toyorkon	o Stato: AD Zin	o: 71954							
	City: <u>rexarkan</u>	aState: <u>AR</u> Zip	D:							
	Phone: 870-7	<u>772-3371</u> Fa	ıx: <u>870-773-2602</u>							
	1 110110. <u>07 0 1</u>	12 0011	. <u>979 779 2002</u>							
	Email: terry.tav	vlor@tasd7.net We	ebsite: <u>http://www.tasd7.net</u>							
Local Contact			ain your business and financial							
Information	records in Arka	ansas and a local conta	ct person. This information will be							
	posted on the	Department's website.								
	X Check if inf	ormation is same as E	Entity Contact Information.							
SES History	Are you currer	otly or have you ever be	en an approved SES provider in							
OLO I IISTOI y	Arkansas?	illy of flave you ever be	cir air approved obo provider iir							
	<u>X</u> No	□ Yes (answer question	s 1 -2)							
	If yes, num	ber of years as an SES	provider in Arkansas.							
	4 1-	Hala and Bartlan and an	liantian of a summer the summer of							
			olication of a currently approved							
	рі	ovider? □ No □ \	Yes							
	2. Is	-	olication of a previously removed							
		ovider?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	·	□ No □ `	Yes							
			state or federal agency or							
	removed from X No	a state or federally fundant	aea program?							
			currently approved to provide							
		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											
	l	at any location in the state. □ Statewide X Or List LEA Name(s) you intend to serve										(0)
	□ St											
						L	EA.					
	1	Texa	rkana	Arkan	sas S	chool [District					
Place of	Chec	k the	locatio	n(s) th	nat bes	st desc	ribe w	here v	ou wil	l delive	er serv	rices
Service	Check the location(s) that best describe where you will deliver serv to students:											
		□ E	Busine	SS								
				-	Center cility (e		urch,	synag	ogue,	mosqu	ıe, tem	iple)
		<u>X</u>	LEA F □ Via		ology	(check	all tha	at app	lv)			
			_ ,,,			net/on		ас арр	.,			
						ware-b		wolain				
		[□ Acce	ess site			<u>ease e</u> veb-ba	•	<u>ı)</u> rovider	s:		
Transportation	Do y				rtatior			•				
	□ Y €	es	<u>X</u> N	0								
Subject Areas			ct Sites ubiect			e(s) fo	r each	subie	ct you	will of	fer.	
& Grade Levels		ading	,	(-)	. 9	-(-)		J	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
to Serve	K	1	2	3	4	5	6	7	8	9	10	11
		<u>'</u>			-							
				X	X	Х	X	X	Х	X	X	X
	<u>X</u> En	glish/L	_angua	age Ar	ts							
	K	1	2	3	4	5	6	7	8	9	10	11
				Х	Х	Х	Х	Х	Х	Х	Х	Х
	<u>X</u> Ma	thema	atics	•	•		•	•	•	•	•	
	K	1	2	3	4	5	6	7	8	9	0	11
				Х	Х	Х	Х	Х	Х	X	X	Х
	□Scie	ence	•	•	•	•	•	•	•	•	•	
	K	1	2	3	4	5	6	7	8	9	10	11
				1		1	1	1		1	1	

Maximum and Minimum Number of Students to Serve Specific Student Populations Served: English Language Learners	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>1</u> Indicate whether your entity specializes in any of the following groups: <u>X</u> Do not specialize <u>X</u> 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 tutor1_

Cost	List your fee per hour.
	\$_50.00 maximum per hour, per student
	NOTE: The Department requires a <u>minimum</u> 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	Name the instrument(s) that will be used to diagnose skill levels for
Assessment	each individual studentThe Learning Institute Interim Assessment; previous year's Benchmark Exam; classroom Assessment; tutorial assessment
Instructional	Name the curriculum/curricula that will be used in all subject areas that
Curriculum	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.
	<u>Pens</u>
	Movie
	passes

Terrific Trojan Tutoring

Program Name	Name: Hot Springs School District								
	Doing Business As (DBA): Terrific Trojan Tutoring								
Type of Entity (cl that apply)									
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: <u>501-624-3372</u> Fax: <u>501-620-7829</u>								
	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								
	□ No X Yes								
	3. Is this application a reapplication of a previously removed provider?XNo □ Yes								
	Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program? XNo □ Yes								
	List any other State in which you are currently approved to provide Supplemental Educational Services. None								

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 2603 Hot Springs						
Place of Service	Check the location(s) that best describe where you will deliver services to students:						
	□ 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:						
Transportation	Do you provide transportation? □ No XYES □ At Select Sites Only						

Subject Areas	Chec	k all s	ubject	(s) an	d grad	e(s) fo	r each	ı subje	ct you	will of	ffer.	
& Grade Levels to Serve	X Re	ading										
	K	1	2	3	4	5	6	7	8	9	10	11
	X	Х	Х	Х	Х			X	Х	Х	X	х
	X Er	X English/Language Arts										
	K	1	2	3	4	5	6	7	8	9	10	11
	X	X	х	X	Х			X	X	X	X	х
	X Ma	thema	atics	•	•	•	•	•	•	•	•	
	K	1	2	3	4	5	6	7	8	9	10	11
	X	X	Х	X	Х			X	Х	X	X	х
	X Science											
	K	1	2	3	4	5	6	7	8	9	10	11
	X	X	Х	Х	X			X	X	X	X	x
Maximum and Minimum Number of Students to Serve	capa Provi	city to de the	serve minii	in all : <u>mum</u> :	service numbe	e area	s com	bined:	you wi 3700 you red			1
Specific Student Populations Served: English Language Learners	Indica	ate who	nether t speci	your e alize nguaç list th	entity s ge Lea e par	special arner (izes in	studeı	of the formats (e.g.,			

	,
Specific Student Populations	Indicate whether your entity specializes in any of the following groups: □ Do not specialize X Students with Disabilities (Select the particular disabilities your
Served: Students with Disabilities	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 □ Profound 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: <u>5</u> students: per tutor <u>1</u>
Cost	List your fee per hour.
	\$50 maximum per hour, per student
	NOTE : The Department requires a <u>minimum</u> 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.

Please indicate any possible incoresult of achieving attendance be assessment and program objecti movie passes, back packs, field tribe as specific as possible. NONE
--

Tudler.com

Program Name	Name: <u>Tud</u>	Name: Tudler.com, LLC										
	Doing Busi	Doing Business As (DBA):										
Type of Entity (c. that apply)	heck all	X For-profit Public Sc charter) Charter S Institution Education Local Edu(LEA)	hool (no chool of High	n- er	□ Community-Based Organization □ Private School □ Faith-Based Organization □ Other:							
Entity Contact Information	entity. Entity Cont	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: Kenneth E. Benton Ed.D.										
		06 N. Berkel	-									
	City: Golds	sboro	_ State:	NC	Zip: 27534							
	Phone: <u>(9</u>)19) 735-758 <u>7</u>	<u></u>	Fax: (91	9) 778-3661							
	Email: <u>tudl</u>	Email: tudlerllc@gmail.com Website: www.tudler.com										
Local Contact Information	records in /	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.										
SES History					an approved SES provider							
SL3 History	in Arkansas X No	s? □ Yes (ans number of yea	swer que ars as ar cation a	estions 1 SES pro								
			□ No	□ Yes								
	2.	Is this applic provider?	cation a	reapplica	ation 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											
	Supplemer	ntal Education	nal Servi	ces.								
Service Area	"Statewide entire State "Statewide LEA(s) at a	" ONLY if you e of Arkansas " will be requi any location ir	agree to Provide the red to posterior the state of the st	o provide lers who rovide se te.	vide services. Check e services to <u>any</u> LEA in the indicate they will serve rvices to any and/or all							
	X Statewi	ide □ Orl	_ist LEA	Name(s)	you intend to serve							

Place of Service	servio	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	- \ At	Do you provide transportation? □ Yes X No □ At Select Sites Only										
Subject Areas & Grade Levels			ubject	(s) and	l grade	e(s) fo	r each	subje	ct you	will off	er.	
to Serve		ading	_								1.0	
	K	1	2	3	4	5	6	7	8	9	10	11
	X	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	X
				ge Arts	,	1	1 .	<u> </u>	1 -			
	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	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
	□Scie				-							
	K	1	2	3	4	5	6	7	8	9	10	11
												I

Maximum and Minimum Number of Students to Serve Specific Student Populations Served: English Language Learners	Provide the maximum number of students that you will have the capacity to serve in all service areas combined:
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 Severe Intellectual disability Profound Intellectual disability Significant Developmental delay Specific learning disability Speech-language impairment Traumatic brain injury Visual impairment Orthopedic impairment Ofther 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:11

Cost	List your fee per hour .
	\$_ <u>50.00</u> maximum per hour, per student
	NOTE : The Department requires a <u>minimum</u> 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	Name the curriculum/curricula that will be used in all subject areas
Curriculum	that will be covered. <u>CompassLearning Odyssey Reading K-12</u> <u>CompassLearning Odyssey Math K-12</u>
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: <u>Tutorial Services</u>
	Doing Business As (DBA): <u>Tutorial Services</u>
Type of Entity (check all that apply)	X For-profit company
Entity Contact	Provide contact information of the authorized representative for your entity. Entity Contact Person Name: Kristie Schaufele
Information	Entity Contact Person Name. Kristie Schaulele
	Address: <u>166 S. Industrial Dr.</u>
	City: _Saline State: _MI Zip: 4 <u>8176</u>
	Phone: <u>734-470-6387</u> Fax: <u>734-470-6402</u>
	Email:Website: www.tutorialservices.org

Local Contact Information	Indicate the site where you will maintain your business and financial records <u>in Arkansas</u> and a local contact person. This information will be posted on the Department's website.
	$\hfill\Box$ 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: <u>888.292.2076</u>
	Fax: <u>734-470-6402</u>
	Email: gfashoway@tutorialservices.org

SES History	Are you currently or have you ever been an approved SES provider in Arkansas?
	\square No X Yes (answer questions 1 -2)
	If you number of years as an SES provider in Arkansas

	mber of years as an SES provider in Arkansas.
1.	Is this application a reapplication of a currently approved provider? $ \ \ \square \ \ \text{No} \qquad X \text{ Yes}$
2.	Is this application a reapplication of a previously removed provider? X No $\ \square$ Yes
Have you ev program? □ No	er been disciplined by a state or federal agency or removed from a state or federally funded XYes

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

We missed a mandatory state meeting.

Eistiranyia, the instate in which lynnist a currently captro, with the provide is used principles of the provide is used principles. 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 <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.	
	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 &	Check all subject(s) and grade(s) for each subject you will offer.
Grade Levels to	XReading .
Serve	
	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	Provide the <u>maximum</u> number of students that you will have the capacity to serve in all service areas combined: <u>1000</u>
Minimum Number of	11000 the intermediate of students that you will have the capacity to serve in all service areas combined.
Students to	Provide the minimum number of students that you require to begin services in an individual school: LEA: 1
Serve	
Specific Student	Indicate whether your entity specializes in any of the following groups:
Populations Served:	
English	□ Do not specialize
Language Learners	X English Language Learner (ELL) students
	y angus angus as the (all a) state in the state of the st
	If yes, list the particular language(s) (e.g., Spanish, French, Japanese):
	<u>Spanish</u>

Specific Student	Indicate whether your entity specializes in any of the following groups: □ Do not specialize
Populations Served: Students with Disabilities	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 <u>minimum</u> 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

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 Comp Doing Business As (DBA)		ers. LLC
	· · · · · · · · · · · · · · · ·	,	,
Type of Entity (c. apply)	□ Public □ Charte □ Institut Education	tion of Higher	 □ Community-Based Organization □ Private School □ Faith-Based Organization □ Other:
Entity Contact Information	Entity Contact Person Na	me: David Callaway	oresentative for your entity.
	Address: 8214 Robin La	<u>ne</u> State: <u>AR</u>	Zip: <u>72756</u>
	Phone: (888) 316-1903 Email: info@tutorswithc www.tutorswithcompute	omputers.com Web	
Local Contact Information	Indicate the site where yo	ou will maintain your but tact person. This inforr	siness and financial records in nation will be posted on the tact Information.
SES History	Are you currently or have ☑ No ☐ Yes (ans If yes, number of year 1. Is this applica 2. Is this applica Have you ever been disc state or federally funded ☑ No ☐ Yes	you ever been an appr wer questions 1 -2) is as an SES provider in ation a reapplication of a I No Pes ation a reapplication of a I No Yes iplined by a state or fed program?	roved SES provider in Arkansas?
Service Area	you agree to provide services who indicate the services to any and/or all	ices to <u>any</u> LEA in the e ey will serve "Statewide	e" will be required to provide in the state.
	ங் Glatewide ⊔ ULL	ist LEA Mairie(s) you iii	iona io serve

Place of	Check the location(s) that best describe where you will deliver services to students:
Service	
	□ 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: <u>Student's Home</u>
Transportation	Do you provide transportation?
	□ Yes ☑ No
	□ At Select Sites Only

Subject Areas & Grade Levels				s) and	l grade	e(s) foi	r each	subjec	ct you	will off	er.		
to Serve		eading											
	К	1	2	3	4	5	6	7	8	9	10	11	12
							х	X	х	х	X	X	X
			angua										
	K	1	2	3	4	5	6	7	8	9	10	11	12

Maximum and Minimum Number of Students to Serve . Specific Student Populations Served:	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: <u>1</u> LEA: <u>20</u> 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,
English Language Learners	Japanese): <u>Spanish</u>
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 ☐ Profound 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 tutor1

Cost	List your fee <u>per hour</u> .
	\$ <u>50</u> maximum per hour, per student
	NOTE : The Department requires a <u>minimum</u> 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: <u>University of Arkansas at Monticello</u> — <u>Delta Tutoring</u>									
	<u>Program</u>									
	Doing Business As (DBA): <u>UAM – Delta Tutoring Program</u>									
Type of Entity (cl	heck all that □ For-profit company □ Community-Based									
apply)	□ Public School (non-charter) Organization									
	□ Charter School □ Private School X Institution of Higher □ Faith-Based Organization									
	X Institution of Higher Faith-Based Organization									
	Education Other:									
	□ Local Education Agency									
	(LEA)									
Entity Contact	Provide contact information of the authorized representative for your entity.									
Information										
	Entity Contact Person Name: <u>Kim Level</u>									
	Address: D.O. Boy 2609 HAM									
	Address: P. O. Box 3608 UAM									
	City: Monticello State: AR Zip:									
	71656									
										
	Phone: <u>870-460-1062</u> Fax: <u>870-460-</u>									
	1563									
1 10 1 1	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									
imormation	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									
	Is this application a reapplication of a currently approved provider?									
	□ No X Yes									
	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									
	Have you ever been disciplined by a state or federal agency or removed from a state or federally funded program?									
	X No									
	7									
	List any other State in which you are currently approved to provide Supplemental									
	Educational Services.									
	N/A									

Service Area	you a Provi	List each LEA in which you agree to provide services. Check "Statewide" ONLY 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.											
	□ St	tatewide 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	Check the location(s) that best describe where you will deliver services to students:										
Service											
	□ 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 <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	Ched	ck all s	ubject	(s) and	grade	e(s) fo	r each	subje	ct you	will of	fer.			
& Grade Levels to Serve	<i>X</i> Rea	ading	•	. ,				-	•					
	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	
	х	х	х	х	х	х	х	х	х					
	□Ma	□Mathematics												
	K	1	2	3	4	5	6	7	8	9	10	11	12	
	x	x	x	x	x	X	x	x	x					
	^	^	^	^	^	^	^	^	^					
	□Sci	ence												
	K	1	2	3	4	5	6	7	8	9	10	11	12	
Maximum and	Prov	ide the	maxi	mum	numbe	er of st	udent	s that v	vou wi	II have	the c	apaci	ty to ser	ve
Minimum		servic					<u>50</u>	_	,				,	
Number of Students to	Prov	ide the	minir	num r	numbe	r of st	udents	that v	ou rec	uire to	beair	n serv	rices in	an
Serve		idual s					-	,		,	,g			
Specific	Indic	ate wh	ether	your e	ntity s	pecial	izes in	any o	f the fo	ollowin	g grou	ıps:		
Student	X	Do no	t speci	ialize				•			3 3 3 3	•		
Populations Served:		□ Engli						udents age(s)		Snanis	sh Fre	ench		
English												,, 1011,		
Language														
Learners														

Specific Student	Indicate whether your entity specializes in any of the following groups: X Do not specialize									
Populations Served: Students with Disabilities	□ 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 □ Profound 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 tutor1									
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	Name the curriculum/curricula that will be used in all subject areas that will be									
Curriculum	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: UPCL	ASS Foundation, Inc.												
	Doing Busines	Doing Business As (DBA): <u>UPCLASS</u>												
Type of Entity (c. 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@U	PCLASS.org Webs	site: 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? In No
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. If Statewide Or List LEA Name(s) you intend to serve

Place of	Che	Check the location(s) that best describe where you will deliver services to students:											
Service				nt's Ho	ome								
		□ E	Busine	ess									
		☑ Community Center											
		■ Religious Facility (e.g., church, synagogue, mosque, temple)											
		☑ LEA Facility											
		X\	/ia Te	chnolo	gy (ch	eck al	I that a	apply)					
							online						
							e-base						
						ther							
				We pr			rson t	tutorin	a usii	าต a พ	/eb-ba	sed o	urriculun
													who are
													remote
													with the
				stude	nt in '	real t	ime" f	rom a	remo	te loc	ation.		
			□ Acce	ess site	e for o	nline/\	web-ba	ased p	rovide	rs: ww	w.pla	to.co	<u>m</u>
Transportation	Do y	ou pro	vide t	ranspo	rtatior	າ?							
	□Y	es	X N	o									
	_ ^	t Colo	ot Cito	o Oply									
	ΠA	ı Sele	i Sile	s Only									
Cubicat Avana	Char	ماد ماا م		t/a\ an	ما میره ما	o / o \ f		a avibia		م النبيي	ffo."		
Subject Areas	Ched	ck all s	ubjeci	t(s) an	a grad	e(s) id	or eaci	n subje	ect you	ı wili o	πer.		
& Grade Levels	⊠ Re	ading											
to Serve			_	T	T.	Τ_	T		T	T	140	1 44	140
	K	1	2	3	4	5	6	7	8	9	10	11	12
	Х	X	X	x	X	X	X	X	X	X	X	x	X
	^	^	^	^	^	^	^	^	^	^	^	^	^
	IZI Fı	nalish/	Langu	iage A	rts								
	K	1	2	3	4	5	6	7	8	9	10	11	12
			ļ	_	-	-							
	Х	X	X	X	X	X	X	X	X	X	X	X	X
	₩ Ma	athema	atice										
		,					_						
	K	1	2	3	4	5	6	7	8	9	10	11	12
	Х	X	X	X	X	X	X	X	X	X	X	X	X
	□Sci	ence											
	K	1	2		4	5	6	7	8	9	10	11	12
			ļ		1			4		4			
					1								

Mandana	<u> </u>
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: <u>1,000</u> Provide the <u>minimum</u> number of students that you require to begin services in an individual school: LEA: <u>1</u>
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 Profound Intellectual disability Severe 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

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