State and Federal Programs Department
Supplemental Educational Services (SES)

Individual Services Agreement (ISA) 2012-2013

Supplemental Educational Services Provider / Contractor Name:

(Organization names must be listed exactly the way they are on the California Department of Education state approved application.)

District (LOCAL) Contact Person/Title/Position:

Address/City/ZIP:

Phone: **Fax:**   **E-mail:**

1. (LOCAL) "English Speaking Parent Contact"/Title/Position:

   Address/City/ZIP:

   Phone: **Fax:**   **E-mail:**

2. (LOCAL) "Spanish Speaking Parent Contact"/Title/Position:

   Address/City/ZIP:

   Phone: **Fax:**   **E-mail:**

3. (LOCAL) "Hmong Speaking Parent Contact"/Title/Position:

   Address/City/ZIP:

   Phone: **Fax:**   **E-mail:**

All responses in this Individual Services Agreement must be aligned with your California state-approved application

BACKGROUND
   1. Check which years the State Board of Education has approved your organization:

   2010-2012 Supplemental Educational Services (SES) provider: ☐

   2011-2013 Supplemental Educational Services (SES) provider: ☐

2. Number of years your organization has been involved in providing educational services:

EDUCATIONAL PROGRAM

The following information is regarding the Supplemental Educational Services you will offer during 2012-2013:

3. Grade level(s) your organization is state-approved to serve: *(These are the grade levels your organization will be expected to service in SCUSD)*

4. Subject/content areas to be included in your services:

5. Format for delivery of services:

   One-on-One ☐ ; Group ☐ ; Online (internet required) ☐ ;

   Computer-Based Instruction (not internet) ☐

6. If delivery of services is group, number of students per group; staff to student ratio:

7. **If delivery of services is online**, are computers provided: Yes ☐ No ☐

   Internet connection provided: Yes ☐ No ☐

   Is tutoring with a "live" tutor: Yes ☐ No ☐

   Describe all equipment/software/internet access, if any, will be retained by the student after services are complete:
   Describe all equipment/software/internet access, if applicable, each student will have to provide for him/herself in order to access your services:

8. **If delivery of services is computer-based instruction**, are computers provided:

   Yes ☐ No ☐
   Describe all equipment/software, if any, will be retained by the student after services are complete:
   Describe all equipment/software, if applicable, each student will have to   provide for him/herself in order to access your services:

9. Location(s) services will be offered: In student's home
   In provider's facility *(If yes, answer following 2 questions*
   In public library/other community center *(If yes, answer following questions):*

10. Number of facilities where services will be offered:

11. Specific name(s) and location(s) at which you will offer services (e.g., full address of your facility location(s) where services will be provided; name and location of public library/community center, churches, apartment complexes, or any other public or private building that is not the student's home where services will be provided **this list must be kept current, submitted to the SCUSD State and Federal Programs Department**):

Facilities Use Permit information and applications can be accessed from the website: http://www.scusd.edu/community-facility-use.

All Facilities Use Permit will be reviewed by the State and Federal Programs Department before approval is granted. Upon approval of the Facilities Use Permit, monthly usage fees will need to be paid at the beginning of each month by the provider. Invoices will be sent to the providers from the Facility Use Department.

12.   Hours of the day you will offer services:

13.   Days of the week you will offer services: ☐ **Monday** ☐ **Tuesday** ☐ **Wednesday** ☐ **Thursday** ☐ **Friday** ☐ **Saturday** ☐ **Sunday**

14.   Length of the tutorial session per student: Number of sessions per week per student:

15.   Weeks of the month you will offer services:

16.   Hourly rate per student:

17.   The total number of hours for each student will be determined by the 2012-2013 per-pupil amount (PPA) of $1271.10.

18.   Starting and ending date of services (Note: starting date shall be no earlier than the date SCUSD provides your organization the list of students which selected your organization as their SES provider; providers will be obligated to serve students, including those newly enrolled, through the entire term of the contracting period ending June 14, 2013, within the maximum student funding allocation utilizing the entire dollar amount):

19. Minimum and Maximum numbers of students you are able to serve:
       (By signing this document, you certify your understanding that this maximum may or may not be equivalent to the number of students whose parents select your program during the 2012-13 SES enrollment period.)

20.   Transportation to be provided: Yes ☐ No ☐   If yes, please describe (e.g., mode, frequency, areas served):

21.   If you provide transportation, does your insurance cover transportation of students:
       Yes ☐ No ☐   If yes, please describe coverage:

22.   Snacks to be provided: Yes ☐   No ☐   If yes, please describe:

23.   Medication will be administered if determined necessary for an enrolled student:
       Yes ☐   No ☐

24.   Describe your organization's policy for using incentives (including how students earn incentives, and provide a list of incentives and their cost),

25. Briefly explain the services that will be available for special education students:

26. Briefly explain the services that will be available for students with disabilities:

27. Briefly explain the services that will be available to English Language Learners in languages other than English. Please specify which languages:

SPECIAL NEEDS STUDENTS

28. Accommodations provided or modifications to the curriculum for students in special education: Yes ☐ No ☐ If yes, describe accommodations/modifications:

29. Adaptive equipment or access for students with disabilities: Yes ☐ No ☐

    If yes, describe: Adaptive safety equipment: Yes ☐ No ☐ *(example: flashing lights for deaf students when there is an emergency)*
    If yes, describe:

30. Are materials provided in large print or Braille: Yes ☐ No ☐

31. Are certified educational sign language interpreters or teachers on staff who are fluent in sign language: Yes No *(State law requires that all educational sign language interpreters have RID certification by January 1, 2011)*

32. Describe other accommodations:

STAFF QUALIFICATIONS

33. Describe the qualifications of your instructors by checking all that apply:
    - ☐ CCTC Teaching Credential
    - ☐ College graduate
    - ☐ Undergraduate college student receiving special training (please describe):
    - ☐ Other (i.e., credentials, certificates, documents, and training; please describe):

34. Describe the training, guidelines and support you provide to all of your employees to ensure services delivered are of high quality:

PARENT OUTREACH AND COMMUNICATION

35. Describe what verbal and written translation services will be available for parents to confer with your staff if they speak languages other than English. Please specify which languages:

36. Briefly explain your protocol for contacting parents regarding new student enrollment:

37. Briefly explain your protocol for contacting parents regarding issues that arise during term of services, such as discipline, lack of attendance:

38. In addition to the required Monthly Attendance/Progress reports to parents, how will the provider regularly evaluate student progress and report student progress to the parent?

39. Briefly explain your protocol for informing parents about your complaint procedures: (Copies of these procedures as well as Safety Plan, Child Abuse   and Missing Children Reporting Procedures are to be submitted to SCUSD during contract process.)

ASSESSMENT AND ACCOUNTABILITY

Sacramento City Unified School District requires all 2012-2013 SES providers to complete a **Student Learning Plan (SLP)** for each student enrolled in their program. In addition, a Monthly Progress/Attendance Report for each student will be required to be completed and provided to the SCUSD State and Federal Programs Department and parent at the end of each month of service.

40. Describe how you will ensure that the content and instruction of your program and each SLP are consistent with the instruction of Sacramento City Unified School District and aligned with state standards:

41. Describe the instruments (assessments and other reports) you will use to monitor the progress of each student against the goals of his/her SLP and achievement of state content standards:

42. To what degree do current assessment measures used by you reflect California state content standards?

43. Describe the method used to schedule and maintain record of each tutor and their students tutoring schedule:

44. Describe how tutors will be monitored:

PROGRAMATIC ASPECTS

45. Describe in detail the process used to start tutoring a student:

46. Is there a delay to form a group: Yes ☐   No ☐   Why?

47. Are students expected to travel out of their residential geographic area to attend your program: Yes ☐   No ☐

48. Is your program based on a time cycle (i.e., weeks, months):
Yes ☐   No ☐   If yes, describe:

REFERENCES

49. If you did not contract SES for Sacramento City Unified School District during 2011-2012, provide two agencies for which you have recently provided   services that we may contact for references:

   Name: Phone:

   Name: Phone:

NOTE: If any of this information changes during the term of the Master Contract, you are required to notify the Supplemental Educational Services Office within five (5) working days at (916)643-9051 or ses@scusd.edu.

SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDER / CONTRACTOR	SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
_____ Signature (Blue Ink Only)	_____ Signature (Blue Ink Only)
_____ Name & Title of Authorized Representative	(_____) State and Federal Programs_____ District Representative
Date: _____	Date:_____