

SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER PROFILE

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|---------------------------------------|--|
| Name of Provider | Reach For Tomorrow, Inc. |
| District/Parent Contact Person, Title | |
| Address – Street, City, State, Zip | Profile not yet updated by provider |
| Phone | |
| Email | _____ |
| Website (if available) | |

Type of Provider: (Check one.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Community agency | <input type="checkbox"/> College/University | <input type="checkbox"/> Public school (non-Charter) |
| <input type="checkbox"/> Charter school | <input type="checkbox"/> Private School | <input type="checkbox"/> Individual |
| <input type="checkbox"/> On-line school | <input type="checkbox"/> 21 st Century Center | <input type="checkbox"/> |
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> Faith-based | <input type="checkbox"/> District |
| <input type="checkbox"/> Child Care Center/Even Start | <input type="checkbox"/> Other: _____ | |

Program Description:

- Number of years in business providing supplemental services: ____

- Providing service in content areas: *(Check all that apply)*

| | | | |
|--|----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Reading | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Science |
|--|----------------------------------|--------------------------------------|----------------------------------|

- Grade levels in which services will be available: _____

- Minimum number of students needed at each site in order to provide service: ____

- Maximum number of students able to serve at each site: ____

- Cost of services - _____

- Specific student populations served: *(Check all that apply)*

| | |
|---|---|
| <input type="checkbox"/> Low-Income students | <input type="checkbox"/> Limited English proficient (LEP) |
| <input type="checkbox"/> Special education students | <input type="checkbox"/> Other: _____ |

- Time of service: *(Check time(s) which best describe when services will be delivered)*

| | |
|--|---------------------------------------|
| <input type="checkbox"/> Before School | <input type="checkbox"/> After School |
| <input type="checkbox"/> Weekends/Holidays | <input type="checkbox"/> Summer |

- Mode of instructional delivery:

| | |
|--|--|
| <input type="checkbox"/> Individual tutoring | <input type="checkbox"/> Small group instruction (3-5) |
| <input type="checkbox"/> Web-Based/Online tutoring | <input type="checkbox"/> Large group instruction (6 or more) |
| <input type="checkbox"/> On-site Computer Based tutoring | <input type="checkbox"/> Other: _____ |

- Student / instructor ratio: *(List the ratio of instructors to students in your program)*
 10 Students for every 1 instructor

- Instructors/Tutors: *(Check all that apply to all or most of staff working with students)*

| | |
|--|---|
| <input type="checkbox"/> Hired from local teacher staff only | <input type="checkbox"/> Hired from local paraprofessional staff only |
| <input type="checkbox"/> College graduates | <input type="checkbox"/> High school graduates |
| <input type="checkbox"/> Receive training from provider | <input type="checkbox"/> Off-site staff only |

- Where services will take place: *(Check location(s) which describe where services will be delivered)*
 - On school property
 - At the student's home
 - At the provider's facility
 - Other location: _____
- Schedule of services: *(Describe schedule, e.g., 3 sessions per week, 1 hour each, etc.)*
 - ___ Number of sessions per week
 - ___ Number of hours per session
 - ___ Number of weeks in the program (approximately, or range of weeks, depending on need)

Provider Description: