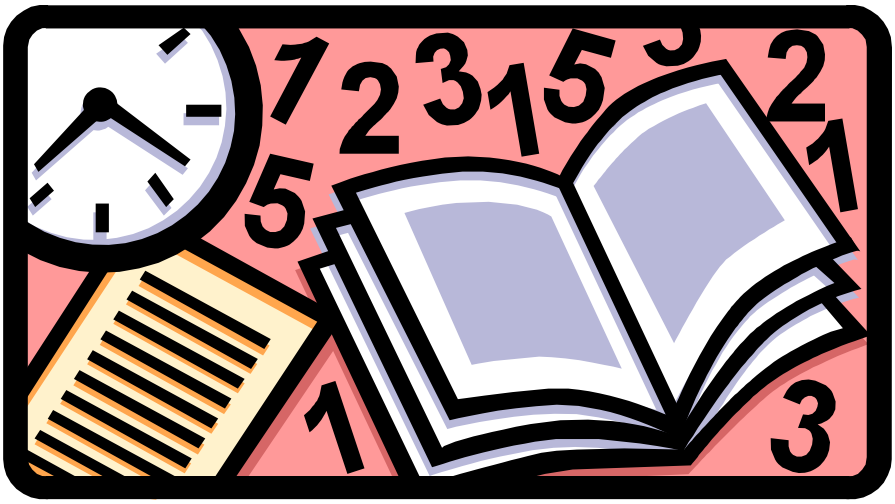
IOWA DEPARTMENT OF EDUCATION

SUPPLEMENTAL EDUCATIONAL SERVICES TOOLKIT

2012 - 2013



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No Child Left Behind
(NCLB)

1. Supplemental Educational Services
(SES)

The *No Child Left Behind Act of 2001* was signed into law on January 8, 2002. The act contains four basic reform principles: stronger accountability results, increased flexibility and local control, expanded options for parents, and an emphasis on teaching methods that have been proven to work.

Within the category of "expanded options for parents," the Supplemental Educational Services (SES) is mandated. Low-income parents with children in a Title I school that is in Year 2 of School Improvement or higher have the option of transferring to a higher performing school or requesting SES. The local school district is responsible for funding these services, which must be provided outside the normal school day. Funding is provided through the district's Title I, Part A monies. Title I, Part A, is intended to help ensure that all children have the opportunity to obtain a high-quality education and reach proficiency on challenging state academic standards and assessments.

Under the terms of NCLB, school districts with identified Schools in Need of Improvement are required to set aside a portion of their Title I, Part A funds for parental choice options, including transportation to a higher performing school in the district and provision of Supplemental Educational Services.

Supplemental Educational Services may be arranged after school, on weekends, or during the summer, and will include tutoring and remedial services.

2. Responsibilities of the Iowa Department of Education

- The Iowa Department of Education (IDOE) is responsible for identifying schools for which Supplemental Educational Services are required.

- IDOE is responsible for developing and implementing an application process for potential providers utilizing objective criteria to demonstrate effectiveness in increasing academic proficiency.

- IDOE is responsible for maintaining a list of approved providers across the state from which parents may select.

- IDOE is responsible for monitoring the quality and effectiveness of the services offered by approved providers.

3. Responsibilities of the Local Education Agency

- The Local Education Agency (LEA) must notify parents, schools, and school principals of the designation of Schools in Need of Assistance buildings that are mandated to offer Supplemental Educational Services (SES).
- The LEA must coordinate with the SINA buildings to formulate procedures and processes for approved provider meetings, parent education, provider reporting, goal-setting sessions, and other components of the program.
- The LEA/SINA will give parents notification of the services that are available to their children.
    - Timelines and deadlines will be set for parents to respond in writing whether or not they want SES for their children.
    - Notification must be sent and completed annually and must include the following:
        - Availability of SES
        - List of state-approved providers
- The LEA must set budget and priority categories for students who qualify for and choose to receive the services.
    - An amount equal to 20% of the Title I, Part A funds is the maximum required by *NCLB* for payment of SES provider services and choice transportation, combined, based upon demand.
- The LEA arranges with the providers to deliver SES.
    - The LEA ensures that the staff members employed by providers have been processed through a criminal background check.
    - The LEA arranges with the providers for district facility use dependent upon LEA/school policy.
    - The LEA disburses payments to the providers upon receipt of required participation documentation.
    - The LEA defines and implements a district/school evaluation of program effectiveness by monitoring the program and the progress of the students.
- The LEA must ensure that the public identity of any student who is eligible for or who receives services is not disclosed without the written permission of the parents of the student.

4. Responsibilities of the School in Need of Assistance (SINA)

- The school convenes an instructional team to analyze disaggregated school data for eligible students, by subject area, (math, language arts, and reading) and grade level to identify subgroups that are lowest performing and/or to identify the groups that could be tutored for maximum impact.
- Districts will serve the highest priority needs until funds are expended.
- The school coordinates with the LEA to formulate procedures and processes for provider meetings, parent meetings, parent education, provider reporting, goal-setting sessions, and other components of the program.
- The LEA/school will give parents notification of the services that are available to their children
    - Timelines and deadlines will be set for parents to respond in writing whether or not they want SES for their children.
    - Notification must be sent and completed annually and must include the following:
        - Availability of SES
        - List of state-approved providers
- The school will determine which teacher/staff members will meet with parents and providers to set up learning goals and sign for the school on the Individual Learning Plan and Summary Report.
- The school must ensure that the public identity of any student who is eligible for or who receives services is not disclosed without the written permission of the parents of the student.

5. Responsibilities of the Supplemental Educational Services Provider

- Providers must be approved by the Iowa Department of Education to provide Supplemental Educational Services.
- Providers must enter into a contract with the Local Education Agency that includes the following:
    - Provider will provide services on a regular basis for the duration of the contract and submit attendance and tracking data in a timely manner to the district;
    - Provider will follow the Individualized Learning Plan (ILP) as signed by the parent, provider, and school representative;
    - Provider will align services with any current school Individualized Learning Plan with parent release of information;
    - Provider will report to parents and teachers at regular intervals as specified in the ILP and the contract;
    - Provider will complete assessments to determine completion of objectives;
    - Provider will be responsible for retaining qualified staff who are also cleared through a criminal background check;
    - Provider will present information to parents in a language that they can understand;
    - Provider will utilize curriculum and other components of design as submitted in the approved application; curriculum/program design cannot be changed without state approval;
    - Provider will ensure that the public identity of any student who is eligible for or who receives services is not disclosed without the written permission of the parents of the student.

6. Expectations of the Parents of Participating Students

- Parents will return the Provider Selection Form to begin the services process for their child.
- Parents will meet with the provider and the school representative to write and sign the Individualized Learning Plan.
- Parents will ensure that their child receives the contracted services by monitoring their child's attendance and progress.
- Parents will communicate regularly with the provider, especially to notify the provider in advance if the child is to be absent.
- Parents will inform the provider and the school if their child no longer intends to participate.
- Parents will meet with the provider and the school representative to receive information and sign the Summary Report.

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APPENDIX A
SAMPLE

Memo to Principals

To:_____

From:_____

Re:_____

Date:_____

All schools identified by the Iowa Department of Education as being Year 2 (or more) School in Need of Assistance (SINA) MUST notify parents of eligible children, who have not opted to transfer, of the Supplemental Educational Services (SES) that are available for their children. Use the sample letter in Appendix C for your official notification to parents.

The _____ Community School District is obligated to provide a list of state-approved SES Providers to parents, and parents must be given an opportunity to choose a provider from the approved list. Send the provider's packet to all parents by _____.
(date)

All requests by the parents for SES must be returned to your school by_____.
(date)

If you need additional information, please contact_____ at _____ with your questions.

APPENDIX B
SAMPLE

Referral Form for Supplemental Educational Services

Name of Student:_____

Date of Referral:_____ Grade:_____

Reason for Referral: (Include performance data such as test scores and identification of skill or knowledge gaps.)

Reading	**Test scores/skill gap**	**Language Arts**	**Test scores/skill gap**	**Mathematics**	**Test scores/skill gap**
	ITBS/ITED		ITBS/ITED		ITBS/ITED
	Context Clues		Editing		Patterns/Algebraic Thinking
	Word Structure		Capitalization		Data Analysis, Prediction
	Word Patterns		Punctuation		Measurement
	Vocabulary		Spelling		Geometric Concepts
	Main Idea & Details		Sentence Structure		Number Sense
	Comprehension		Meaning		Other
	Other		Other		

Contact information for person making the referral:

Name:_____

Relationship to Student:_____

Mailing Address:_____

Telephone Numbers:
Daytime:_____
Evening:_____
E-mail address:_____
_____

Office Use:

Date of Response:_____

APPENDIX C
SAMPLE

Parent Letter

Dear Parent/Guardian:

This letter is to notify you that your child is eligible for free Supplemental Educational Services (SES) this academic year. These services will be provided before school, after school or during the summer. The services will be in addition to the instruction that your child receives during the school year.

You can choose a tutoring program available from the Iowa Department of Education's List of Approved SES Providers. The goal is to help your child increase academic achievement in reading, language arts, and/or mathematics.

This notification letter is being sent to you in accordance with the *No Child Left Behind Act of 2001.* Students are eligible for this program based on family income and attendance at a school that is being identified as being in School Improvement for two years or more.

A list of approved providers for the state is attached. These providers have agreed to provide services that are consistent with the instructional program of the district/state. They have also agreed to provide you and your child's teacher(s) with information on the progress of your student.

Please complete the attached form and return it to_____ by
_____. Call _____
if you need additional information.

Sincerely,

(Signature
Name/Position)

Attachments: Approved Provider List
Provider Selection Form

APPENDIX D
SAMPLE

Supplemental Educational Services
Provider Selection Form

Student Name:_____ Grade:_____

School:_____ Academic Year:_____

Check the box that applies:

- ❑ My son/daughter **WILL** participate in the Supplemental Educational Services program as it is described in *No Child Left Behind.*

  - ✓ I am selecting the state-approved provider from the list provided to me:
    - **(1st choice)** I select _____
    - **(2nd choice)** I select _____
  - ✓ I understand that the provider will regularly inform me and my child's teacher(s) of his/her progress.
  - ✓ I understand that if funds are insufficient to cover the supplemental educational services for all of the students who choose to participate, participation will be based on prioritized academic need as defined by the district.

- ❑ My son/daughter **WILL NOT** participate this academic year in the Supplemental Educational Services program as it is described in the *No Child Left Behind Act of 2001.*

_____
Signature of Parent/Guardian Date

_____
Printed Name of Parent/Guardian Daytime Telephone Number

_____
Evening Telephone Number

_____

Office Use Only Date Received:_____
SES Provider_____

APPENDIX E
SAMPLE

Supplemental Educational Services

Individual Learning Plan (ILP)
Attachment A - Program Information

Name of Service Provider:_____ Date:_____

Name of Student:_____ Grade:_____

School:_____

Areas of Concern:
- ❑ Reading
- ❑ Language Arts
- ❑ Mathematics

Type of ILP:
- ❑ Initial
- ❑ Review
- ❑ Termination

Complete the attached ILP form for each subject area. If the student is already placed in a program at the school which requires an Individual Education Plan, that information should be considered and appropriate alignment by the Supplemental Educational Services Provider if parental consent for release of information is given.

Names/Titles of Meeting Participants:

Service Provider:_____

School/District Representative:_____

Parent/Guardian:_____

Student's Classroom Teacher:_____

Other: (Specify)_____

SAMPLE

Attachment B – Reading Goals and Objectives

Service Provider_____ **School**_____ **Date**_____

Student_____ **Grade** _____ **Teacher** _____

Present Level of Performance	Project Goal(s)	Method of Assessment
ITBS ____ DIBELS ____ Other ____	1. 2. 3.	Work Sample ____ Written Assessment ____ Performance ____ Demonstration ____ Checklist ____ Other ____

Strengths	Concerns	Program Description
__ Context Clues __Word Structures __ Word Patterns __ Vocabulary __ Main Idea __Comprehension __Other (specify)	__ Context Clues __Word Structures __ Word Patterns __ Vocabulary __ Main Idea __Comprehension __Other (specify)	__ Direct Instruction __ Individual Instruction __ Small Group Instruction __ Whole Group Instruction __Computer Assisted Instruction __Peer Tutor __ Other (describe)

Projected Timeline:_____ Completion Date:_____

Comments:

SAMPLE

Attachment C - Language Goals and Objectives

Service Provider_____ **School**_____ **Date**_____

Student_____ **Grade** _____ **Teacher** _____

Present Level of Performance	Project Goal(s)	Method of Assessment
ITBS____ Other____	1. 2. 3.	Work Sample ____ Written Assessment____ Performance ____ Demonstration ____ Checklist ____ Other ____

Strengths	Concerns	Program Description
__ Editing __Capitalization __ Punctuation __Spelling __Sentence Structure __Meaning __Other (specify)	__ Editing __Capitalization __ Punctuation __Spelling __Sentence Structure __Meaning __Other (specify)	__ Direct Instruction __ Individual Instruction __ Small Group Instruction __ Whole Group Instruction __Computer Assisted Instruction __Peer Tutor __ Other (describe)

Projected Timeline:_____ Completion Date:_____

Comments:

SAMPLE

Attachment D – Mathematics Goals and Objectives

Service Provider_____ **School**_____ **Date**_____

Student_____ **Grade** _____ **Teacher** _____

Present Level of Performance	Project Goal(s)	Method of Assessment
ITBS ____ Other ____	1. 2. 3.	Work Sample ____ Written Assessment ____ Performance ____ Demonstration ____ Checklist ____ Other ____

Strengths	Concerns	Program Description
__ Patterns, Algebraic Thinking __ Data Analysis, Prediction __ Measurement __ Geometric Concepts __ Number Sense __Other (specify)	__ Patterns, Algebraic Thinking __ Data Analysis, Prediction __ Measurement __ Geometric Concepts __ Number Sense __Other (specify)	__ Direct Instruction __ Individual Instruction __ Small Group Instruction __ Whole Group Instruction __Computer Assisted Instruction __Peer Tutor __ Other (describe)

Projected Timeline:_____ Completion Date:_____
Comments:

APPENDIX F - General Vendor Information
SAMPLE
Attachment A

_____ School District

Vendor: (Name)
(Address)
(City, State, Zip)
(Phone Number)
(Taxpayer Identification Number)

If the Vendor is a company, print the name and title of the person authorized to sign contracts.

Time Period: Start Date_____ Completion Date_____

Payment Amount: $_____

Payment Terms:
Payment shall be completed on a monthly basis. The payment will be calculated by dividing the total amount for the student(s) whom the Provider is serving by the number of months in the contract. Payment shall be due by the _____ of the moth following the progress reporting to the district for each student on the _____ of the month prior.
[If a student has a partial month in the contract, the amount will be prorated for the partial month. If a student is absent and no services are provided, the district may deny payment for that time.]

Source of Funds:_____

School Receiving Services:_____

School District:_____

I certify that the above taxpayer identification number is true and correct.

_____
Signature of Provider Title Date

SAMPLE

Attachment B – Scope of Services

1. **Statement of Work:**

The Provider will meet with parents and district personnel to develop statements of specific achievement goals for each student who will receive services from the Provider through the Supplemental Educational Services program.

The Provider will provide Supplemental Educational Services on a regular basis for the duration of the contractual period.

The Provider will follow the Individual Learning Plan as developed with parents and district personnel. The Provider will measure student progress using pre- and post- testing which is consistent with state content standards and the objectives set in the Individual Learning Plan documents.

An objective will not be considered "met" until at least an 80% mastery rate is demonstrated by the student. All objectives for a goal must be met for the goal to be met.

In the case of special population students the Provider will provide services that are aligned with the student's Individual Education Plan. The Provider will provide services that will allow the timetable written in the Individual Learning Plan to be met.

The Provider will provide Progress Reports to parents and teachers/schools on a monthly basis. The parent's copy of the report will be mailed to the parents by the _____ of each month of the contract. The school's copy can be mailed or hand delivered by the ____ of each month. (In the event that the ___ of the month falls on a weekend or holiday, the prior workday will be the report day.) The Provider will send one copy of the Progress Report and the student's sign-in sheet as documentation to the district representative so that the Provider contract payment can be made. If parents desire more frequent reporting to them, the Provider may agree to provide additional reports as a part of the individual Learning Plan.

2. Key Personnel:

The Provider will employ individuals in keeping with the non-discrimination clause of the contract.

The individuals who will serve the students for Supplemental Educational Services must meet all of the criteria for the district's volunteers in the schools, including a criminal background check. The cost of the background check will be the expense of the Provider or the individual, not of the District.

(The District should attach its policy/website to this website.)

SAMPLE

Attachment C – Monitoring Plan

1. Goals and Objectives:

The goal of this program is the demonstration of increased student achievement. The Provider will use strategies consistent with objectives as written in the Individual Learning Plan and will use assessments to verify student achievement.

The monthly student progress reports, summary report, and state assessments will be used to determine the effectiveness of the Provider in increasing student achievement.

The Individual Learning Plan and the Final Summary Report will be signed by the parent, the school representative, and the Provider so that consultation is evident.

2. Delivery or Performance Schedule:

The Provider will determine with the school and the parent the time requirement for meeting the goals within the budget of the district as determined in the *No Child Left Behind Act of 2001.*

3. Plan for Performance Measurement:

The Provider will complete assessments to determine objective completion. Reporting to parents and schools will include the results of assessments with strengths and weaknesses being stressed.

4. Contract Monitoring Plan:

The district representative will provide monitoring duties as monthly and final reports are submitted from the Provider. Other functions of the program can be monitored by the school/district, or Iowa Department of Education representative.

APPENDIX G

SAMPLE

Contractual Services Agreement

THIS AGREEMENT, made and entered into at _____(city, state)_____ this _____ day of _____, 200_, by and between the School District, hereafter referred to as the "District," and _____ hereafter referred to as the "Provider."

WITNESSETH:

WHEREAS, the Provider is approved as determined by the Iowa Department of Education to perform these services for students,

NOW, THEREFORE, for the consideration hereinafter named, the parties agree as follows:

1. The Provider will perform the professional services described in the attached scope of work, specification, and/or proposal dated _____, and attached hereto and made a part of his agreement as Attachments A, B, and C of Appendix F.

2. The Provider shall perform these services described on Attachments A, B, and C of Appendix F, according to the schedule therein.

3. The price and consideration for which this agreement is made shall be in the amount of $_____, or $_____ per student who is provided Supplemental Educational Services.

4. The District's representative for purposes of administration of this agreement shall be_____, whose position is _____.

5. The Provider acknowledges that its relationship to the District is that of an independent contractor and that no employer-employee relationship is created by virtue of this agreement.

6. The Provider acknowledges and agrees that the responsibility for the payment of taxes, employees' salaries/contracts, or other expenses of he Provider shall be said Provider's obligation.

7. The Provider acknowledges and agrees that the responsibility for the payment of taxes, employees' salaries/contracts, or other expenses of he Provider shall be said Provider's obligation.

8. The Provider shall not assign any interest in this agreement and shall not transfer any interest by assignment or notation.

9. The Provider agrees to make available upon request, during normal working hours at the ___District's/school's address_____), to the District, the District's auditors, and/or the Iowa Department of Education, records and documents relating to the conduct of his agreement.

10. The Provider shall indemnify and hold harmless the District and its representatives against any and all claims, demands, suits, and judgments of sums of money to any party for loss of life, injury, or damage to person or property resulting from, or by reason of, any negligent act or omission, operation or work of the District, its agents or employees while engaged upon or in connection with the services required or performed by the District hereunder.

11. The Provider agrees to abide by the requirements of the following as applicable: Title VI and VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Federal Executive Order 11246, the Federal Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education amendments of 1972, the Age Act of 1972, and the Americans with Disabilities Act of 1990.

    The Provider agrees not to discriminate in its employment practices, and will render services under this contract without regard to race, color, religion, gender, national origin, veteran status, political affiliation, or disabilities. Any act of discrimination committed by the Provider or failure to comply with these statutory obligations when applicable shall be grounds for termination of this contract.

12. No travel expenses will be reimbursed to the Provider.

13. The District reserves the right to cancel this agreement upon a thirty (30) day written notice should funds no longer be available due to budget reductions imposed by the federal government, if the Iowa Department of Education revokes approval of the Supplemental Educational Services Provider, or if the District determines that the Provider is unable to meet the specified goals and timetables.

14. The District reserves the right to cancel this agreement upon a thirty (30) day written notice if the determination is made by the District that the Provider disclosed to the public the identity of any student who is eligible for, or receiving Supplemental Educational Services, without the written permission of he parents/legal guardians of the student.

15. The District may cancel this agreement due to non-performance of work described in Attachments B and C of Appendix F, upon giving seven (7) days' written notice.

16. All records, reports, documents, and other material delivered to or transmitted to the District, its agent, or the Iowa Department of Education by the Provider shall remain the property of he District/State.

17. This agreement shall be effective on the day and the date first above written and shall expire on _____, unless canceled as provided herein.

IN WITNESS WHEREOF, the parties have executed this act in the presence of he undersigned competent witnesses.

Witnesses:

_____

_____

School District_____

By_____

Title_____

By_____

Signature of Provider

Print Name_____

Print Title_____

APPENDIX H

SAMPLE

Attendance and Tutorial Progress Sessions

Student_____Grade_____

Subject Area	Goal/Competency	Objective/Benchmark	Progress Check	80% Mastery	Service Date	Student Signature	Provider Signature

Comments:

APPENDIX I

SAMPLE

Monthly Progress Report

Student_____ Grade_____

Subject Area	Goal/Competency	Objective/Benchmark	Period	Progress Check	80% Mastery

Comments:

APPENDIX J

SAMPLE

Summary Report

Student_____Grade_____Period Ending_____

Subject Area	Goals	Date Goal Met	Comments	Explanation of Unaccomplished Goals

Signature of Provider_____ Date_____

Signature of School Official_____ Date_____

Signature of Parent _____Date_____

APPENDIX K

Iowa Department of Education
Supplemental Service Providers
2012-13 School Year

Provider Name	Subject Areas	Grade Levels	Service Area	Time of Service	Teacher/Student Ratio	Contact Information	On-line
A+ Learning Solutions	Reading, language arts, writing, math	K-8	Statewide	Before/after school, weekends	1:5	Elsa Borrell, 800-708-5590, Elsa@LS4me.com	x
A+ Tutors for Scholars	Math, reading	K-12	Statewide	Before/after school, weekends, summer	1:6	Robert Allen 808-258-2726 robert@tutorhawaii.com	x
Academic Team	math	K-12	Statewide	Before/after school, weekends, summer	1:1 or 1:5	Andrew Lang, 386-867-0347, andrew.lang.5@gmail.com	x
Academic Tutoring Services	English language arts, math	K-12	Statewide	After school, weekends, summer	1:1 or 1:5	Carey Chrisman, 800-293-3091, academictutoringservice@gmail.com	x
Achieve High Points	Math	2-12	Statewide	Before/after school, weekends, summer	1:1 or 1:5	Devina Singh, 4375 River Green Pkwy, Duluth, GA 30096, 770-232-3460 ext 240, Fax: 770-232-9463, ses1A@achieveses.com	x

AEA 267 - "Ladders to Learning"	Math, reading	1-8	School districts in AEA 267 only	Before/after school, summer	1:3	Sue Swartz, 641-844-2475, lerion@aea267.k12.ia.us	
At Home Tutoring Services	Reading, math	K-8	Council Bluffs, Denison, Eshterville, Glenwood, Harlan, Lewis, Sergeant Bluff, Sioux City, Spencer, Storm Lake	after school, weekends, summer	1:1	Linda Hallstrom, 3115 East Bragstad Drive, Sioux Falls, SD 57103, 605-339-9434, linda@athomeadv.com	
ATS Project Success	Reading, language arts, math	K-12	Statewide	Before/after school, weekends, summer, evenings, school vacations	1:1	Renee Weaver-Wright, 800-297-2119, info@ATSProjectSuccessWorks.com	x
Babbage Net School	Language arts, math	K-12	Statewide	Before/ after school, weekends, summer	1:1	Kabir Kassam, 877-959-7464, ses@babagenetschool.com	x
Beyond the Bell	Reading, Math	PK-8	Sioux City	Before/after school, summer	1:10	Brenda Hervey, 712-277-3600, bhervey @beyondthebell.us.com	x and on-site
Brainfuse One-to-One Tutoring	Math, reading, writing	3-12	Statewide	Before/after school,weekends, summer	1:1	Alex Sztuden, 866-272-4638, requests@Brainfuse.com	x

Burlington Schools Supplemental Services	Reading, math	K-5	Corse, Grimes, North Hill and Sunnyside schools in Burlington District	After school, summer	1:8	Phil Noonan, 825 N 9th St., Burlington, IA 52601, 319-753-6363, FAX: 319-753-6901, phil.noonan@bcsd.org	
Cedar Rapds CSD	Reading, Math	K-5	Cedar Rapids schools only	Before/after school, summer	1:6	Mary Ellen Maske, 319-558-2247, mmaske@cr.k12.ia.us	
Central Decatur North Elementary	Reading	3-5	Central Decatur North Elementary	After School	1:4	Amy Whittington, 641-446-4452, amy.whittington@centraldecatur.org	
Charger Learning Center	Reading, mathematics	K-5	Chariton Community Schools-Columbus & Van Allen	After school, summer	1:10	Ken Harrison, 140 East Albia Rd, Chariton, IA 50049, 641-774-5967, FAX: 641-774-8511, ken.harrison@chariton.k12.ia.us	
Children's Center for Therapy	Language arts, reading, writing	1-12	Iowa City Community School District	Before/after school, weekends	1:3	Leslie Huber, 319-351-5437, leslieh@childrenscenterfortherapy.org	
Club Z! In-home Tutoring Services, Inc	Reading, math	K-12	Statewide	Before/after school, weekends, summers, academic breaks	1:5	Cari Diaz, 888-434-2582, ses@clubztutoring.com	x
Council Bluffs Schools	Math	K-8	Council Bluffs District only	after school	1:10	Julie Smith, 712-328-6489 x 326, Jsmith2@cbcsd.org	

Davenport Schools	Reading, Math	K-8	Davenport District only	Before/after school, weekends, summer, intercession programming	1:7	Stepping Stones/Pathways Program , 563-336-3808	
DMPS Extended Learning Services	Reading, Math	K-8	Des Moines district only	Before/ after school, weekends, summer	1:6	Thomas Ahart, 515-242-7568	
Dubuque Community School District	Reading, math	K-8	Audubon, Marshall, Prescott, Lincoln, & Fulton Elementaries and Washington & Jefferson Middles Schools.	After school	1:6	Heather Gudenkauf, 3200 Chaney Road, Dubuque, IA 52001, 563-552-5778, FAX: 563-552-3102, hgudenkauf@dbqschools.org	
Educate Online Learning LLC	Reading, math	K-12	Statewide	After school, weekends, summer	1:1-3	Angela Belt, 1001 Fleet St, Baltimore, MD 21202, 410-843-2672, FAX: 410-843-2629, state@educate-online.com	x

EducateNCare, Inc	Math, reading comprehension, language arts	5-12	Statewide	Before/after school, weekends, summer	1:1	Dinesh Jasani, 540-809-3582, Infor @educatencare.com	x
Edu*Care* Learning Centers, Inc.	Reading, writing, math	K-12	Statewide	after school	1:3	Kevin McCarville, Ph.D., 319-832-1965, FAX: 319-832-1888 Educare2@aol.com	
Eduwizards Tutoring Program	Math, reading/language arts, science	1-12	Statewide	Before/after school, weekends, summer	1:1	Shailendra Chainani, 48 Huntting Dr, Dumont, NJ 07628, 201-706-7872 ext 27, FAX: 201-706-7872, ses@eduwizards.com	x
eTutorsZone LLC	Math, science, english	K-12	Statewide	Before/after school, weekends, summer	1:3	Pinki Guha Majumdar, PO Box 1702, Garner, NC 27529, 919-741-4256, FAX: 855-464-6164, sales@etutorszone.com	x
Focus 1st Tutoring	Reading, english, language arts, math	6-12	Statewide	Before/after school, summers	1:4	LeRander Grays, 832-524-9835, info@focusfirst.us	x

Fort Dodge Community Schools Supplemental Services Program	Reading, math	K-4	Fort Dodge district only	Summer	1:6	Sue Wood, 515-574-5640, swood@fort-dodge.k12.ia.us	
Huntington Learning Centers, Inc	Reading, language arts, mathematics	K-6	Dallas, Polke, Warren, Johnson, Linn, Scott, Dubuque, Black Hawk, Bremer, Pottawattamie, and Woodbury counties	Before/after school, weekends, summers	1:6	Ariana Nieves, 496 Kinderkamack Road , Oradell, NJ 07649, 800-692-8400, huntingtonses@hlcmail.com	
Kinetic Potential Scholars	Math, ELA, reading, science	K-12	Statewide	Before/after school, weekends, summer, holidays	1:10	Jim Smith, 1100 Mercantile Lane - Suite 115A, Largo, MD 20774, 301-883-8256, FAX: 301-772-8540, ses@kpscholars.com	x
Learn-It Systems, LLC	Reading, language arts, mathematics	K-10	Statewide	Before/after school, weekends, summer	1:5-10	Raquel Whiting Gilmer, 2201 Old Court Road, Baltimore, MD 21208, 410-369-0000, FAX: 410-369-0137, raquel.whiting@learnitsystems.com	online & in person

One on One Learning	Reading, math, science	K-12	Statewide	Before/after school, weekends, summer	6:1	Marcel Monnar, 8900 SW 117th Avenue, Suite C-102, Miami, FL 33186, 305-273-8998, FAX: 305-273-8993 Carlos Veciana, 305-753-1704	online & on site
Ottumwa Schools Supplemental Services	Reading, math	K-5	Ottumwa, Agassiz, Douma, James, Wildwood, and Wilson Elementary Schools	After school, summer	1:7	Jodie Eidahl, 641-684-6511, jodie.eidahl@gpaea.k12.ia.us	
Shout Church Program	Language arts	K-8	Statewide	Before/after school, weekends	1:1	Jaime Osborne, 21430 Timlberlake Road #356, Lynchburg, VA, 24502, 866-725-0882, 888-374-4813, ses@shoutchurch.tv	x and on-site
Spencer Community School District Supplemental Services Program	Reading, math	K-6	Lincoln Elementary	Summer	1:6	Lucas DeWitt, 1508 5th Ave E, Spencer, IA , 712-262-4842, FAX: 712-262-2809, Ldewitt@spencerschools.org	
Summit Learning Services, Inc.	Reading, math	K-12	Statewide	Before/ after school, weekends, summer	1:8	Jeanee Thompson, 954-583-9775, jthompson@summitlearning.net	x

Sylvan Learning Center - Ace It! Tutoring	Reading, math, advanced math, writing, study skills, state test prep, college prep, SAT/ACT prep	PK-12	Urbandale, Des Moines, West Des Moines, Johnston, Winterset, Perry, Iowa City, Cedar Rapids, Marshalltown, West Liberty, Vinton, Columbus Junction, Ames, Boone	After school, evenings, weekends, summer	1:3	Sara Isaacson, 515-689-6642, Sara.isaacson@iowa-sylvan.com	x
Sylvan Learning Center of Spencer, Iowa	Beginning reading, reading, mathematices essentials, advanced mathematics, algebra, study skills, ACT Test prep	PK-12	All northwest Iowa school districts	After school, weekends, summer	1:3 and 1:2	Brent Burns, PO Box 1377, 14 West 21st Street, Spencer, IA 51301, 712-580-2008, FAX: 712-580-2010, educate@spencersylvan.com	

Sylvan Learning Center of the Cedar Valley	Reading, writing, study skills, math essential, college prep, SAT/ACT prep	K-12 - reading, K-8 - math	AGWSR, Cedar Falls, Denver, Dike-Hartford, Hudson, Independence, New Hampton, Oelwein, Waterloo, Waverly Schools	After school, weekends, summer	1:3 or 1:8	Ryan Thyer, 319-268-7333, Rthyer@ia-sylvan.com	x
Tornado Learning Club	Math, reading	5-8	Storm Lake Middle School	Before/after school	1:10	Becky Morton, 712-732-8080, bmorton@slcsd.org	
Train Upon A Child DBA The Homework Mastery Center	Reading, math, language arts	K-12	Statewide	After school, weekends, summer	1:8	Ruth L. Lawton, 313-372-6888, rlawton@homeworkmastery.com	
Vinton-Shellsburg Schools	Reading, math	K-5	Vinton-Shellsburg Schools	After school	1:5	Sheila Wendel, 308 E. 13th Street, Vinton, IA 52349, 319-436-4728, FAX: 319-472-2742, sheila.wendel@vcsd.org	
Waterloo Schools	Reading, math	K-8	Waterloo Schools	Before/after school	1:2-8	Dr. Jane Lindaman, 319-433-1845, lindamanj@waterloo.k12.ia.us	
West Des Moines Schools	Reading, math, science, social studies	3-6	West Des Moines Schools	After School	1:12	Donna Wilken, 515-633-5057, wilkind@wdmcs.org	

1 to 1 Tutor LLC (Online Services)	Mathematics	K-12	Statewide	Before/after schools, weekends, summer, between sessions	1:1	Ray Narayan, 18002 Irvine Blvd. Suite 207, 714-832-0092 ray.narayan@yahoo.com	x
1:1 Online Tutoring Services	Math, science, ELA, reading	K-12	Statewide	Before/after school, weekends, summer	1:1	Amit Janweja, 9946 Owensmouth Avenue #1, Chatsworth, CA 91311, 866-992-5277, myeduchamp@gmail.com	x