

Rhode Island Department of Education

Supplemental Educational Services 2011-2012 Service Summary Information

This table provides a brief synopsis of the provider's proposed program, adapted from Basic Program Information completed by the provider as part of its 2011-2012 Rhode Island SES application.

1. Program Name	BES Educators LLC
2. Provider Contact Information	Name: Elaine J. Ruggieri Address: 9 Central Street City: Providence State: RI Zip: 02907 Phone: 401-785-2840 Fax: 401-383-9489 E-mail: eruggieri@bes-educators.com Website: www.bes-educators.com Hours of Operation: Monday – Friday., 8:30am – 5:30pm
3. Subject Areas Covered	<p><i>Please list all core academic subject areas addressed in working with students, with a minimum of reading/language arts and/or mathematics.</i></p> <p> <input checked="" type="checkbox"/> Reading <input type="checkbox"/> Writing <input checked="" type="checkbox"/> English language proficiency <input checked="" type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Other: _____ </p> <p><i>Provide the title(s) of the specific curricula used by the program.</i> Mathematics- Number Worlds</p>
4. Program Description	<p><i>Provide a brief (3 sentences maximum) description of the program offerings that parents could use in their initial search for providers.</i></p> <p>BES Educators offers RI certified teachers for reading, mathematics and oral English instruction for grades K-12. Our high school math program helps students meet their graduation requirements. We provide small classes (6 maximum of students) and each student at their instructional level.</p> <p><i>Please also indicate which keywords best match the program offerings:</i></p> <p> <input type="checkbox"/> Individual tutoring <input checked="" type="checkbox"/> Small group interaction <input type="checkbox"/> Computer Assisted Tutorial <input type="checkbox"/> Distance Learning via Technology </p>
5. Grade Levels Able to Serve in 2011-2012	<p><i>Please list the grade levels to be served in the 2011-2012 academic year which for purposes of SES is September 1, 2011 until August 31, 2012.</i></p> <p>Grades K-12</p>

6. Location of Service	<p><i>Check the location(s) that best describes where services are delivered to students.</i></p> <p> <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Business <input type="checkbox"/> Place of religious worship (e.g., church, synagogue, mosque, temple) <input type="checkbox"/> Community center <input type="checkbox"/> On-line <input type="checkbox"/> Other: _____ </p>
7. Transportation	<p><i>If service delivery is not at the student's school, is transportation provided? Provide information about accessibility to public transportation from the site.</i></p> <p>If the school district allows, BES will provide transportation from the school to the student's home.</p>
8. Service Area	<p><i>Please indicate the LEA(s) in which the program is able to provide services for the 2011-2012 school year.</i></p> <p> <input checked="" type="checkbox"/> Central Falls School District <input checked="" type="checkbox"/> Pawtucket School District <input checked="" type="checkbox"/> Providence School District <input checked="" type="checkbox"/> Metropolitan Regional Career and Technical Center <input checked="" type="checkbox"/> Rhode Island School for the Deaf </p>
9. Time of Service	<p><i>Check the time(s) that best describe when services are delivered to students.</i></p> <p> <input type="checkbox"/> Before school <input checked="" type="checkbox"/> After school <input checked="" type="checkbox"/> Weekends <input type="checkbox"/> Summer <input type="checkbox"/> Other: _____ </p>
10. Duration of Services	<p><i>How often are services provided?</i></p> <p>School Year Length per session (in minutes): <u>1.5, 1.75 or 2.25</u> Number of sessions per week: <u>2 (for a minimum of 40 hours)</u></p> <p>Summer Length per session (in minutes): Total number of sessions:</p>
11. Type of certification of instructors	<p><i>List the type(s) of certification, if any, of instructors who will provide tutorial services in the program.</i></p> <p>RI Department of Education Certified Teachers</p>
12. Student/ Instructor Ratio	<p><i>List the ratio of instructors to children in the program.</i></p> <p>Students for every 1 instructor: <u>6 or less</u></p>

13. Group Size	<p>What is the expected average group size of students? <u>4</u></p> <p>What is the largest group size of students? <u>6</u></p> <p>What is the smallest group size of students? <u>1</u></p>																										
14. Specific Student Populations Served	<p>If the organization has expertise to provide Supplemental Educational Services to any of the following groups, please check the corresponding box(es). Include detailed information in the application narrative and program section.</p> <p><input checked="" type="checkbox"/> Low-income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input checked="" type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p style="padding-left: 40px;">If selected, indicate the particular language(s):</p> <p style="padding-left: 40px;">_____</p> <p><input checked="" type="checkbox"/> Students with disabilities</p> <p style="padding-left: 40px;">If selected, indicate the particular disabilities in the table below. Please provide the qualifications and/or experience that program staff have working with students with each disability indicated in the space provided. For definitions, see the Rhode Island special education regulations (www.ride.ri.gov/Special_Populations/State_federal_regulations/).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> autism spectrum disorder</td> </tr> <tr> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> deaf-blindness</td> </tr> <tr> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> deafness</td> </tr> <tr> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> emotional disturbance</td> </tr> <tr> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i> RI Certification and/or Experience</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> hearing impairment</td> </tr> <tr> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i> RI Certification and/or Experience</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> intellectual disability</td> </tr> <tr> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> orthopedic impairment</td> </tr> <tr> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i> RI Certification and/or Experience</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> specific learning disability: _____</td> </tr> <tr> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> speech or language impairment</td> </tr> <tr> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i> RI Certification and/or Experience</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> traumatic brain injury</td> </tr> <tr> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> visual impairment including blindness</td> </tr> <tr> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> other health impairment: _____</td> </tr> <tr> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> multiple disabilities</td> </tr> <tr> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> </table>	<input type="checkbox"/> autism spectrum disorder	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> deaf-blindness	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> deafness	<i>Tutor Qualifications/Experience:</i>	<input checked="" type="checkbox"/> emotional disturbance	<i>Tutor Qualifications/Experience:</i> RI Certification and/or Experience	<input checked="" type="checkbox"/> hearing impairment	<i>Tutor Qualifications/Experience:</i> RI Certification and/or Experience	<input type="checkbox"/> intellectual disability	<i>Tutor Qualifications/Experience:</i>	<input checked="" type="checkbox"/> orthopedic impairment	<i>Tutor Qualifications/Experience:</i> RI Certification and/or Experience	<input type="checkbox"/> specific learning disability: _____	<i>Tutor Qualifications/Experience:</i>	<input checked="" type="checkbox"/> speech or language impairment	<i>Tutor Qualifications/Experience:</i> RI Certification and/or Experience	<input type="checkbox"/> traumatic brain injury	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> visual impairment including blindness	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> other health impairment: _____	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> multiple disabilities	<i>Tutor Qualifications/Experience:</i>
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15. Coordination	<p><i>Provide a brief description of the ways the program will coordinate and collaborate with the child's classroom teacher so as to provide the highest levels of academic congruence. This description should include any specific coordination on behalf of students with Individualized Education Programs (IEPs) and students with Personal Literacy Plans (PLPs), if applicable.</i></p> <p>BES collaborates with parents to select the most appropriate tutoring program for their child. Test scores, student's classroom teacher, literacy or math coaches provide input for selecting the best program and for the instructional level of each student. Classroom teachers are asked to select skills on a learning plan for each student. Both formal and informal communication occurs with classroom teachers and parents throughout the program.</p>
16. Student Assessment and Parent/School Communication	<p><i>How will student achievement be measured, how often and with what assessment instrument(s)? Please indicate the form, format and frequency of communication about student need and student progress with the school district, classroom teacher, and the parent/guardian and student.</i></p> <p>Reading – GRADE Pre/Post K-8 in most districts, Providence 4-6 BOTEL -Dolch Basic Sight Vocabulary K-2 , and Words Their Way 1-6</p> <p>Mathematics – Number Worlds Pre/Post K-8, Keys to Algebra and Keys to Geometry 9-12</p> <p>Oral English – IDEA Proficiency Test (IPT) Pre/Post 2-6</p> <p>Mid-term and final progress reports to principals, classroom teachers and parents and on an as needed basis.</p>