

# 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.*

<b>1. Program Name</b>	<b>Smarties Tutoring Services</b>
<b>2. Provider Contact Information</b>	Name: <b>Stephanie Dec</b>
	Address: <b>129 Whitney Avenue</b>
	City: <b>New Haven</b> State: <b>CT</b> Zip: <b>06510</b>
	Phone: <b>508-556-0795</b>
	Fax: <b>203-907-1400</b>
	E-mail: <b>sdec@smartiestutoring.com</b>
	Website: <b>www.smartiestutoring.com</b> Hours of Operation: <b>8:30 am – 5:30 pm</b>
<b>3. Subject Areas Covered</b>	<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 checked="" 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>  <b>Voyager Passport, Passport Reading Journeys, VMath, VMath Live, Ticket to Read</b></p>
<b>4. Program Description</b>	<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><b>Smarties Tutoring Services tutors students in Math and Language Arts using a state-of-the-art curriculum by experienced teachers who are enthusiastic about helping children improve their academic skills. We recognize that each child is unique, and we strive to meet the specific needs of each of our students. We set students up for success by expecting rigorous work, while giving them the support they need to meet our high expectations of them.</b></p> <p><i>Please also indicate which keywords best match the program offerings:</i></p> <p> <input checked="" type="checkbox"/> Individual tutoring  <input checked="" type="checkbox"/> Small group interaction  <input checked="" type="checkbox"/> Computer Assisted Tutorial  <input type="checkbox"/> Distance Learning via Technology         </p>

<b>5. Grade Levels Able to Serve in 2011-2012</b>	<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> <b>K-12</b>
<b>6. Location of Service</b>	<i>Check the location(s) that best describes where services are delivered to students.</i> <input checked="" type="checkbox"/> School <input type="checkbox"/> Business <input checked="" type="checkbox"/> Place of religious worship (e.g., church, synagogue, mosque, temple) <input checked="" type="checkbox"/> Community center <input type="checkbox"/> On-line <input checked="" type="checkbox"/> Other: <u>in-home</u>
<b>7. Transportation</b>	<i>If service delivery is not at the student's school, is transportation provided? If yes, is there a separate fee? Provide information about accessibility to public transportation from the site.</i> <b>Transportation to the site is not provided. Transportation home will be provided free of charge when possible.</b>
<b>8. Service Area</b>	<i>Please indicate the LEA(s) in which the program is able to provide services for the 2011-2012 school year.</i> <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 type="checkbox"/> Rhode Island School for the Deaf
<b>9. Time of Service</b>	<i>Check the time(s) that best describe when services are delivered to students.</i> <input checked="" type="checkbox"/> Before school <input checked="" type="checkbox"/> After school <input checked="" type="checkbox"/> Weekends <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Other: _____
<b>10. Duration of Services</b>	<i>How often are services provided?</i> <b>School Year</b> Length per session (in minutes): <b><u>90 - 180 minutes</u></b> Number of sessions per week: <b><u>1-4</u></b>  <b>Summer</b> Length per session (in minutes): <b><u>120-240 minutes</u></b> Total number of sessions: <b><u>10-15</u></b>
<b>11. Type of certification of instructors</b>	<i>List the type(s) of certification, if any, of instructors who will provide tutorial services in the program.</i> <b>All teachers are trained and certified by Smarties. Smarties hires state certified teachers when they are available.</b>

<b>12. Student/ Instructor Ratio</b>	<p>List the ratio of instructors to children in the program.</p> <p>Students for every 1 instructor: <u>6</u></p>																						
<b>13. Group Size</b>	<p>What is the expected average group size of students? <u>3</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>																						
<b>14. Specific Student Populations Served</b>	<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: 80px;"><b><u>Spanish</u></b></p> <p><input 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 (<a href="http://www.ride.ri.gov/Special_Populations/State_federal_regulations/">www.ride.ri.gov/Special_Populations/State_federal_regulations/</a>).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> autism spectrum disorder</td> </tr> <tr> <td style="padding: 5px;"><i>Tutor Qualifications/Experience:</i> Tutor trained in working with autism spectrum disorders</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> deaf-blindness</td> </tr> <tr> <td style="padding: 5px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> deafness</td> </tr> <tr> <td style="padding: 5px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> emotional disturbance</td> </tr> <tr> <td style="padding: 5px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> hearing impairment</td> </tr> <tr> <td style="padding: 5px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> intellectual disability</td> </tr> <tr> <td style="padding: 5px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> orthopedic impairment</td> </tr> <tr> <td style="padding: 5px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> specific learning disability: <b><u>ADD &amp; ADHD</u></b></td> </tr> <tr> <td style="padding: 5px;"><i>Tutor Qualifications/Experience:</i> Tutor trained in working with SPED students</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> speech or language impairment</td> </tr> <tr> <td style="padding: 5px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> traumatic brain injury</td> </tr> <tr> <td style="padding: 5px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> visual impairment including blindness</td> </tr> <tr> <td style="padding: 5px;"><i>Tutor Qualifications/Experience:</i></td> </tr> </table>	<input checked="" type="checkbox"/> autism spectrum disorder	<i>Tutor Qualifications/Experience:</i> Tutor trained in working with autism spectrum disorders	<input type="checkbox"/> deaf-blindness	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> deafness	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> emotional disturbance	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> hearing impairment	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> intellectual disability	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> orthopedic impairment	<i>Tutor Qualifications/Experience:</i>	<input checked="" type="checkbox"/> specific learning disability: <b><u>ADD &amp; ADHD</u></b>	<i>Tutor Qualifications/Experience:</i> Tutor trained in working with SPED students	<input type="checkbox"/> speech or language impairment	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> traumatic brain injury	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> visual impairment including blindness	<i>Tutor Qualifications/Experience:</i>
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<b>15. Coordination</b>	<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><b>At the onset of the program, Smarties develops a Learning Plan for each student. The Plan includes specific academic goals that are written for each student. Our plan is aligned to the student's IEP and PLP. Parents and classroom teachers are asked to provide feedback on the Learning Plan.</b></p>		
<b>16. Student Assessment and Parent/School Communication</b>	<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><b>Progress is measured with short assessments called Vital Indicators of Progress once every two weeks. Each month, parents, classroom teachers, and the district receive a report on how students are progressing toward their goals. At the end of the program, they receive a summative report on the students' progress in our program.</b></p>		