MICHIGAN DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

INSTRUCTIONS: Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to MarshH@michigan.gov.

CHECK THE APPROPRIATE BOX:

x☐ For Profit Company	☐ Local School District	☐ Community-Based Organization
☐ Non-Profit Organization	☐ Public School Academy	☐ Private School
☐ Institution of Higher Education	☐ Intermediate School District	☐ Faith-Based Organization

Section 1: Provider Identification

Name of Entity EdSolutions Inc./Knowledge Learning Corporation School Partnerships

Name of Director Marcy J. Suntken, Senior Vice President

Address 573 Park Point Drive **City** Golden **State** CO **Zip** 80401

Phone 303-526-3200 **Fax** 303-526-7552 **Email** msuntken@klcorp.com

Proposed Location of Services (if different from above):

Address metro Detroit, Grand Rapids, and Flint **City**_____ **State**_____ **Zip**_____

If different from Director:
Name of Contact Person Lori Meredith

Address 6583 Tree View Drive **City** Middletown _____ **State** OH **Zip** 44044

Phone 1-800-877-0187 **Fax** 1-513-984-8680 **Email** lmeredith@klcorp.com

Section 2: Provider Geographic Service Area Information

1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes ☐ No x☐

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

Detroit Public Schools

Grand Rapids Public Schools

Flint City School District

2. Proposed Location of Services – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1:_____

Site Location #2:_____

Site Location #3:_____

3. Transportation – Provide information about accessibility to public transportation from your site:

EdSolutions provides services on-site at schools

4. Indicate if you are willing to provide services to eligible students at the school site:

Yes x☐ No ☐

Section 3: Provider Academic/Instructional Program Information

1. Subject Areas Covered – List all subject areas you address in working with students:

Reading

Mathematics

2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: K-8

3. Time of Services – Indicate when you deliver services to students:

☐ Before School X☐ After School ☐ Weekends ☐ Summer ☐ Other

4. Mode of Instructional Delivery – Describe the methods by which your program delivers instruction to students:

☐ Individual Tutoring x☐ Small Group Instruction ☐ Large Group Instruction

☐ Online Web-Based ☐ Other

5. Schedule of Services – Indicate the length of each tutoring session and number of sessions per week:

Length of Session 1.5 hours Number of Sessions per Week 2 days

6. Staffing – Indicate the type(s) of staff that provide instruction to students:

X☐ Certified Teachers ☐ Paraprofessionals ☐ Volunteers ☐ Other

7. Special Populations Served – Indicate special populations you are able to serve:

X☐ Special Education X☐ Limited English Proficient ☐ Other

Section 4: Provider Fees

Cost/Fee Structure – Check and complete the cost/fee structure you use:

x☐ $25 per 48 (unit of time, e.g., hour, week, etc.) per student.