

**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:

- | | | |
|--|---|---|
| <input type="checkbox"/> For Profit Company | <input checked="" type="checkbox"/> Local School District | <input type="checkbox"/> Community-Based Organization |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Public School Academy | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Institution of Higher Education | <input type="checkbox"/> Intermediate School District | <input type="checkbox"/> Faith-Based Organization |

Section 1: Provider Identification

Name of Entity L'Anse-Baraga Adult Education Program

Name of Director Lynn Ketola

Address 5 N Front St. **City** L'Anse **State** MI **Zip** 49946

Phone 906-524-6565 **Fax** 906-524-5111 **Email** lketola@up.net

Proposed Location of Services (if different from above):

Address _____ **City** _____ **State** _____ **Zip** _____

If different from Director:

Name of Contact Person _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____ **Email** _____

Section 2: Provider Geographic Service Area Information

1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes No

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

Baraga, Houghton, Ontonagon, Keweenaw

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

Site Location #1: Districts within 75 miles of resident district

Site Location #2: _____

Site Location #3: _____

3. Transportation – Provide information about accessibility to public transportation from your site:
no public transportation

4. Indicate if you are willing to provide services to eligible students at the school site:
 Yes No

Section 3: Provider Academic/Instructional Program Information

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

2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: K-12

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

Before School After School Weekends Summer Other _____

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

Individual Tutoring 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 3 Number of Sessions per Week 3

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

Certified Teachers Paraprofessionals Volunteers Other _____

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

Special Education Limited English Proficient Other _____

Section 4: Provider Fees

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

\$16.50 session per _____ (unit of time, e.g., hour, week, etc.) per student.

\$ _____ (flat fee) for _____ (unit of time, e.g., month, semester, year) per student.