

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 VrettasA@michigan.gov.

CHECK THE APPROPRIATE BOX:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> For Profit Company Organization | <input type="checkbox"/> Local School District | <input type="checkbox"/> Community-Based |
| <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 Academic Achievement Tutoring Services, LLC

Name of Director Ms. S. Adrienne Fletcher

Address PO Box 39939 City Redford State MI Zip 48239

Phone (734) 769-6060 Fax (734) 769-8727 Email aatutoring@aol.com

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)

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

Site Location #1: Local schools

Site Location #2: Libraries and student homes

Site Location #3: Churches and community centers

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

Transportation not provided

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:

Reading, Writing, and Mathematics

2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: Pre-K to 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 60 minutes Number of Sessions per Week 2 - 4

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

Certified Teachers Paraprofessionals Volunteers Other Meet or exceed
NCLB Qualifications

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

Special Education Limited English Proficient Other At risk and counselor
services

Section 4: Provider Fees

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

\$50 per hour (unit of time, e.g., hour, week, etc.) per student.

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