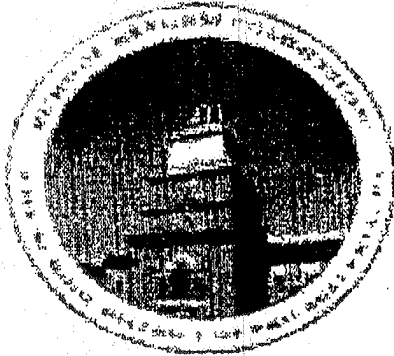


The School District of Philadelphia



Central Regional Office
Dr. B. Lefra Young
Regional Superintendent

c/o Wanamaker High School
1111 Cecil B. Moore Avenue
Philadelphia, PA 19122
Telephone: 215-684-8487
Fax: 215-684-5052

FACSIMILE TRANSMITTAL SHEET

TO: Ms. Bailey FROM: T. Amika Roberts-Evans
COMPANY: Khepera DATE: Feb 1, 2007
FAX NUMBER: 324-3752 NO. OF PAGES INCLUDING COVER: 4
PHONE NUMBER: 267-688-3637
RE: _____

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY
 OTHER

NOTES/COMMENTS:

The School District of Philadelphia

Supplemental Educational Services SES Provider Site Visit

Name of SES Provider (Vendor Name) Khepera Early Learning Center

Site Khepera Early Learning Center Date of Visit 1-31-07

Title I Representative (School District of Philadelphia) AMKA EVANS

Provider Requirements	Yes	No	N/A	Evidence
1. The Provider requires a criminal background check and a Child Abuse check pursuant to PA Code Ann. (T.C.A.) for individuals of the organization having contact with or being in close proximity to children related to the provision of services. All clearances are to be on site.	✓			<input checked="" type="checkbox"/> Child Abuse check for every instructor <input checked="" type="checkbox"/> Criminal background check for every instructor
2. Instructors' qualifications are aligned to the Provider's state-approved application.	✓			<input type="checkbox"/> Interviews with Instructors <input checked="" type="checkbox"/> Copy of the Providers SES application
3. The Provider entered into an agreement that included provisions addressing specific achievement goals for the student, a description of how the student's progress was measured, a timetable for improving achievement, and a description of procedures for regularly informing the student's parents and teachers of the student's progress.	✓			<input checked="" type="checkbox"/> Copy of application and agreement for each student <input checked="" type="checkbox"/> Achievement goals for each student <input checked="" type="checkbox"/> A description of how students' achievement will be measured <input checked="" type="checkbox"/> Timetable for achieving students' goals <input checked="" type="checkbox"/> Current lesson plans <input checked="" type="checkbox"/> Procedures for Informing students' parents of progress <input type="checkbox"/> Other _____
4. The Provider maintains methods or programs for tracking and documenting enrollment, attendance, and supplemental services provided to eligible students enrolled in the SES program.	✓			<input checked="" type="checkbox"/> Enrollment record of participating students <input checked="" type="checkbox"/> Attendance records of participating students <input type="checkbox"/> Copy of cover letter and accompanying records sent to the District <input type="checkbox"/> Other _____
5. The Provider did not provide gifts or awards other than nominally priced promotional items as enrollment incentives to eligible SES students, their parents or guardians.	✓			<input type="checkbox"/> Record of incentives awarded <input checked="" type="checkbox"/> Interviews with teachers employed by SES Providers <input type="checkbox"/> Other _____
6. The Provider's percentage of time allotted for tutoring students in math and/or reading is consistent with the Provider's application and contract.	✓			<input checked="" type="checkbox"/> Copy of the Provider's SES application <input checked="" type="checkbox"/> Copies of records showing amount of time students were tutored in math/reading <input checked="" type="checkbox"/> Interview with tutors <input checked="" type="checkbox"/> Observation of tutoring session <input type="checkbox"/> Other _____
7. The Provider's place of services where students receive tutoring is consistent with the Provider's application and contract.	✓			<input checked="" type="checkbox"/> On-site visit <input type="checkbox"/> Schedules of tutoring showing location <input type="checkbox"/> Other _____

The School District of Philadelphia

Supplemental Educational Services

SES Provider Site Visit

Name of SES Provider (Vendor Name) Khepera Early Learning Center

Site Khepera Early Learning Center Date of Visit 1-31-07

Title I Representative (School District of Philadelphia) Tamika Evans

8. The Provider offers supplemental educational services that are secular, neutral, and nonideological.	✓		<input checked="" type="checkbox"/> Samples of students' work <input type="checkbox"/> Current lesson plans <input type="checkbox"/> Observation of tutoring session and setting <input type="checkbox"/> Other _____
9. The Provider's instructional program design is consistent with the provisions in the Provider's application.	✓		<input checked="" type="checkbox"/> Copy of Provider's SES application <input type="checkbox"/> Provider's program materials <input type="checkbox"/> Description of Provider's program design <input type="checkbox"/> Other _____
10. The Provider's instruction is aligned with the regular school program, as well as with Pennsylvania academic content standards and learning expectations.	✓		<input checked="" type="checkbox"/> Lesson plans with references to related PA academic content standards and learning expectations <input checked="" type="checkbox"/> Communication with teachers and/or school staff regarding students' regular school program <input type="checkbox"/> Documents showing alignment with District curriculum and learning expectations
11. The Provider's assessment instruments and process are consistent with the provisions in the Provider's application.	✓		<input checked="" type="checkbox"/> Copy of Provider's SES application <input type="checkbox"/> Provider's assessment instruments <input type="checkbox"/> Description of Provider's assessment program <input type="checkbox"/> Other _____
12. The Provider has an Achievement Goals/Educational Plan signed by the parent.	✓		<input checked="" type="checkbox"/> Individual Achievement Goals/Education Plans
13. The Provider regularly measures the students' progress.	✓		<input checked="" type="checkbox"/> Copies of student progress reports <input type="checkbox"/> Copies of pretests and post tests <input type="checkbox"/> Other _____
14. The Provider regularly informs the students' parents and teachers of the students' progress in an understandable language and format.	✓		<input checked="" type="checkbox"/> Copies of student progress report to parents <input type="checkbox"/> Copies of student progress reports to teachers <input type="checkbox"/> Documentation of frequency <input checked="" type="checkbox"/> FERPA Waivers signed by parents <input type="checkbox"/> Other _____
15. In the case of a student with a disability, the achievement goals, measurement and reporting of progress, and timetable are consistent with (although not included in) the student's individualized education program under Section 614(d) of the IDEA.	✓		<input type="checkbox"/> Information from the District related to students' IEPs <input type="checkbox"/> Copy of instruction timetable for reaching students' academic goals and reporting students' progress <input type="checkbox"/> Documentation that Provider's instruction is aligned with IEP <input checked="" type="checkbox"/> Other _____ <input checked="" type="checkbox"/> IDEA is checked - The Provider does not provide tutoring to students with disabilities. <u>Attends on Saturdays</u>
16. The Provider communicates with parents, using an understandable and uniform format, and to the extent practicable, expressed in a language parents can understand.	✓		<input type="checkbox"/> Copies of letters, memoranda and/or other documents used in communicating with parents <input checked="" type="checkbox"/> Copies of students' progress reports to parents

*** ALL ACHIEVEMENT GOALS/EDUCATION PLANS AND PROGRESS REPORTS MUST BE SYSTEM GENERATED.**

The School District of Philadelphia

Supplemental Educational Services SES Provider Site Visit

Name of SES Provider (Vendor Name) Khepera Early Learning Academy
 Site Khepera Early Learning Center Address 5210 N. Broad St.
 Name of Site Coordinator Carrie Bailey Site Coordinator Present Yes No
 Title I Representative (School District of Philadelphia) Lanika Ewan
 Date of Visit 1-31-07 Time of Visit 4:00 pm

Room/ Group #	# SES Students in Group	Total # of Students in Group (SES and non-SES)	Name of Instructor(s) for the Group	Certifications		State Standards/Lesson
				Yes	No	
1	5	5	Carrie Bailey	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division

Number of SES Students Enrolled in Program 21 Length of Instructional Period _____

How Often Session Meets 6 Days A week M-F 2 hrs
S - 5 hrs →

Checklist - Check all that apply

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Site was open | <input checked="" type="checkbox"/> Students actively engaged | <input checked="" type="checkbox"/> Student sign-ins available |
| <input type="checkbox"/> Site was closed | <input checked="" type="checkbox"/> Session started promptly | <input type="checkbox"/> Homework assistance only |
| <input type="checkbox"/> SES was not at location | <input type="checkbox"/> Session had already begun | <input checked="" type="checkbox"/> Clean, safe environment |
| <input checked="" type="checkbox"/> Definite curriculum being implemented | | |

Title I Representative's Comments

Site Coordinator's Comments

Great Site
Definitely Organized + Caring Environment

Title I Representative's Signature

Site Coordinator's Signature

Lanika Ewan

Carrie M Bailey