Background

The No Child Left Behind Act required states and districts to begin offering supplemental educational services in the 2002-03 school year to students from low-income families attending Title I schools that had been identified for improvement for two years or more. This study examined the first year of implementation of supplemental services through case studies of nine districts in six states, each selected because the site appeared to be relatively advanced in its implementation of supplemental services in fall 2002. The report details how the states, districts, schools and providers implemented supplemental services in the 2002-03 school year, considers challenges experienced during the first year and provides some examples of promising approaches.

Key Findings

For educators, providers and parents, the 2002-03 school year represented a start-up year for implementing supplemental services, with both successes and shortcomings. In most of the sites visited, many of the basic elements of supplemental services were in place, though staff at these sites also anticipated continuing challenges to offering and providing supplemental services.

States

Overall, in the first year of implementation, state administrators in the six states studied had taken key steps to implement supplemental services. Nevertheless, the selection of service providers was slow and uneven.

- All case study states developed and reviewed applications for providers, approving between 13 and 174 providers by the time of the case studies.
- Several case study states required provider applicants to include evidence of connections between their proposed supplemental services and state standards, and most states rejected applicants that did not provide evidence of effectiveness.
- The range of state-approved supplemental service providers with respect to both location and service-type does not adequately match district-level needs.
- The case study states generally had not yet developed systems for monitoring provider performance, though a few were developing plans to do so.
Districts

Districts in the study sample reported significant challenges to implementation in several areas, including informing parents of eligible children about the option for supplemental services for their children, entering into contracts with providers and budgeting for supplemental services.

- The proportion of eligible students receiving supplemental services ranged from less than 1 percent to 42 percent in the case study districts.
- No district exhausted funds set aside for supplemental services, generally because few parents applied for services. Several districts expressed concern about the administrative costs associated with implementing supplemental services.
- Most districts sent letters to parents about the availability of supplemental services. A few very proactive districts took additional steps such as telephoning or visiting parents of eligible students.
- Communicating clearly with parents about supplemental services presented difficulties to districts due to factors such as language barriers, family mobility, and limitations in some parents’ understanding of the services being offered.
- Eight of the nine districts involved schools in outreach to parents of eligible students and/or in coordinating the provision of services (e.g., having principals answer parents’ questions or arranging to provide supplemental services at the school site).
- In spite of misgivings among some school staff, many principals and teachers expressed a willingness to help support implementation of supplemental services for their students.
- Several districts noted limited experience in entering into contracts with service providers, struggled to define the terms of contracts with providers and found the process to be very time-consuming.

Providers and Services

Providers in the study sample focused on delivering services to students, hiring staff, and communicating with district administrators, teachers, and parents.

- Some providers offered individualized instruction, but most providers in the case study sites offered group instruction with student-to-tutor ratios ranged from 3:1 to 8:1.
- The median number of hours of tutoring services that districts purchased per student, among the sampled providers, was about 40 hours, with an overall range of 28 to 228 hours.
- Estimated district per-pupil expenditures for supplemental services averaged $865 and ranged from $370 to $1,136.
- Provider hourly costs ranged from $5 to $40 for one hour of tutoring services per student, with a median of $22 per hour.
- Providers often adapted their services to the funds available, typically by increasing the student-to-tutor ratio and decreasing the number of sessions they provide.
- The extent to which providers coordinated services with state or district standards during the initial year of implementation was unclear.
- Among the providers in the study sample that had begun offering services, most had not fully defined procedures for monitoring and reporting on student progress.
• Provider communication with teachers and parents was extremely varied and typically erratic.
• Some providers indicated that they had little interaction with their district and that this frustrated their efforts to offer and provide supplemental services.

Parents

Most parents of children eligible to receive supplemental services were pleased to have the opportunity for supplemental services; these same parents also reported satisfaction with their children’s schools, all of which had been identified for improvement, and teachers.

• Most parents in the districts in this study chose to apply for supplemental services rather than transfer their child to another school, even when districts made efforts to educate parents about the choice option and explained that transportation would be provided.
• Parents included in the study reported receiving varying amounts of information about the providers from which supplemental services were available to their children.
• For most parents, transportation was the deciding factor in choosing among providers.