



# State-Funded High-Quality Tutoring Program Request to Participate Worksheet

Please use the sample Request to Participate worksheet below to formulate answers. This worksheet is for district and school use only. Please do not submit this worksheet as a request to participate. A formal Request to Participate form will be posted to the State-Funded High-Dosage Tutoring Programs webpage on August 7, 2023, and must be completed to qualify for review.

## Instructions

Thank you for your interest in the State-funded High-Dosage Tutoring Programs. Future Forward Ohio encompasses Ohio's strategic priorities for using federal funds to help students recover from the impact of the COVID-19 pandemic. The General Assembly recently directed \$26.1 million in GEER funds to support the implementation of high-dosage tutoring programs in Ohio districts and schools.

The Ohio Department of Education will fund tutoring programs offered by providers on the [High-Quality Tutoring Provider \(HQTP\) Vendor Directory](#). There will be no direct cost to districts and schools participating in the tutoring programs. However, all participating districts and schools must commit to participation criteria that align with best practices for high-quality tutoring.

- Deadline: Tuesday, August 15, 5 p.m.
- Refer to the [Request to Participate FAQ](#) for questions about completing the form

## Part I: Requestor Information

Name of Individual Completing the Request:

Role/Position Title:

Contact Email:

Contact Phone Number:

I have the authority to make this request on behalf of my district or school. (Yes/No)

District/School IRN:

District/School Name:

District or School Type:

- Public District
- Community School
- Chartered Nonpublic School



District or School Region (Dropdown selection)

North  
South  
East  
West  
Central

Northeast  
Southeast  
Northwest  
Southwest

## Part II: Implementation Information

Implementation Contact Name:

Implementation Contact Email Address:

Implementation Contact Phone Number:

If you are completing this request for a district or are a community school sponsor making a request for multiple schools, please list the schools that you would like to participate in this program. (School Name, School IRN and Grades Served)

Human Resources Contact Name:

Human Resources Contact Email:

Human Resources Phone Number:

When do you expect tutoring to take place? (Select one)

- Before School
- During the School Day
- After School
- Other

What group size do you expect to utilize for tutoring sessions? (Select one)

- 1:1
- Small group 3:1
- Small group 4:1
- We will work with our preferred tutoring partner to identify the best tutor-to-student ratio.

Do you expect to work with any external partners to support program implementation, (e.g., Educational Service Centers, diocese, state support teams, etc.)?

If yes to question 19, please list your implementation partners.



## Part III: Request Information

Select a Preferred Tutoring Provider (Dropdown selection)

- Amplify
- Book Nook
- Catapult Learning West
- Cognition
- Huntington Learning Centers
- Varsity Tutors for Schools

Please indicate your level of engagement to date with your preferred provider. (Select all that apply)

- I attended an informational webinar.
- I met 1:1 with the tutoring provider.
- I have not yet engaged with my preferred provider.
- Other:

Please rank order any other vendors you are willing to work with if seats are not available with your preferred tutoring provider. If you do not wish to work with other tutoring providers, rank “Please add me to the waitlist for my preferred provider.” as your first choice.

- Amplify
- Book Nook
- Catapult
- Cognition
- Huntington Learning Centers
- Varsity Tutors
- Please add me to the waitlist for my preferred tutoring provider.

Please indicate the total number of seats requested for each grade band for mathematics.

- Only requesting seats for English language arts tutoring.
- Other: Add the answer under this option in the format below:  
**K-5: #**  
**6-8: #**  
**9-12: #**

Please indicate the total number of seats requested for each grade band for English language arts.

- Only requesting seats for mathematics tutoring.
- Other: Add the answer under this option in the format below:  
**K-5: #**  
**6-8: #**  
**9-12: #**

Please provide a brief and concise justification, including any district or school-level data, that supports the request. (Limit 200 words)

Please briefly describe your capacity to implement the program selected. (Limit 200 words)



## Part IV: Assurances

In completing this request, I certify and commit to the following, if selected:

- Tutoring will be delivered in a high-dosage model for each participating student and will be prioritized three days per week for a minimum of 30 minutes per session or will be aligned with the recommended dosage by the selected provider.
- We will prioritize tutoring during the school day to the extent possible. We will reduce barriers to access for students if we are unable to offer tutoring during the school day.
- A staff member will be assigned to serve as a liaison between the selected vendor and our district or school to oversee program implementation as outlined in the participation criteria for this opportunity.
- We will participate in all required evaluation activities, which will minimally include sharing SSID numbers for participating students. Provisions will be made for participating students that do not have an SSID number.
- All students will have access to the appropriate electronic devices to access virtual tutoring (if applicable).
- Tutoring seat allocation will be contingent on usage and failure to use the allocated seats will result in reallocation. The Department will work with each tutoring provider monthly to review the allocation vs. usage data and make allocation decisions accordingly.