Cross-age Tutoring Materials Reimbursement Application

September 1, 20___ through April 30, 20___

Applying School _____District _____

School principal _____

Cross-age Coordinator _____

Cross-age Coordinator's E-mail _____School Phone_____

Instructions for Materials Reimbursement:

Check boxes to indicate compliance with the following requirements:

☐ Individual students are pre-assessed and post-assessed, for placement and progress reporting. (See attached Accountability Reports, submitted, to the USOE, Attn: Sue Okroy, **twice a year**, November 15 and the middle of May.

☐ The school has an on-site school **Cross-age** Coordinator.

☐ The school has at least one certified **Cross-age** Trainer.

☐ Students will receive a minimum of two; thirty minute sessions per week.

☐ Coordinator attended new certification training provided by the USOE.

☐ The **Cross-age** Coordinator provided training for new tutors.

☐ List those who attended training. Include **date** and **location** of training:

_____

_____

☐ The school has a space for a **Cross-age** Tutoring Center (books and materials storage) and a designed space for tutoring.

District site visits will be scheduled with USOE on an annual basis, check with your District Literacy Specialist for an upcoming annual site visit.

The purpose of the **Cross-age** Materials Reimbursement is to provide essential leveled texts required to implement and administer the **Cross-age** Program**.** **Purchases of other school items will not qualify under the Materials Reimbursement.**

Qualifying schools may order **leveled books, one of each title, from the Cross-age Approved Publisher List.** The website for the approved publisher list is: http://www.schools.utah.gov/curr/Star/default.htm. This address brings up the **STAR/Cross-age** Homepage. You will find the order form by clicking on "Approved Publishers," then look at the list under "**Cross-age** Program" and click on the publisher for a book list and order form.

The school is responsible to pay up front for the total amount of the book order. The Utah State Office of Education will reimburse the school up to $500.00 with prior approval. The maximum amount of $500.00 is all the school may receive for a **Cross-age** Materials Reimbursement book order per year; **as funds are available**.

The Principal is responsible to contact the district office for reimbursement of funds. This process takes between six to eight weeks.

☐ Complete the attached proposal to purchase **Cross-age** materials. Please attach the typed proposal with this application (see pages 3-4).

Agreement of Cross-age implementation and maintenance:

I, _____, verify that the **Cross-age** Tutoring
Principal
will be implemented with fidelity at _____. I
School
understand that if the **Cross-age** Tutoring is not implemented and maintained

throughout the year, the school will repay the $500.00 **Cross-age** Materials

Reimbursement.

Signed: _____
Principal's Signature

Proposal for **Cross-age** Tutoring Materials Reimbursement

Name(s) of teacher(s) involved with **Cross-age** Tutoring**:**

_____ _____

_____ _____

_____ _____

_____ _____

Number of all students receiving **Cross-age** Tutoring: _____

Please attach a list with names of all tutors and tutees.

Before you order books, the following must be done:

1. *Submit the **Cross-age Tutoring Materials Reimbursement Application** with **proposed** leveled book order.*
2. *You must receive an email or telephone call from Sue Okroy approving your application **before** you can order books.*
3. *The **First Accountability Report** must be submitted with this application **before** you can place your book order.*

Download and attach the **Cross-age** Tutoring book order form from the website. The website for the approved publisher list is: http://www.schools.utah.gov/curr/Star/default.htm. This address brings up the **STAR/Cross-age** Homepage. You will find the order form by clicking on "Approved Publishers," then look at the list under "**Cross-age** Program," and click on the publisher for a book list and order form. The $500.00 **Cross-age** Materials Reimbursement specifies only individual book titles will be accepted. **No school supplies will be covered by this Reimbursement.**

Please attach a separate sheet of paper with your typed school objectives for the **Cross-age** Tutoring Program. There are many Educational Objectives for struggling readers. The objectives you select need to reflect the Utah State Elementary Language Arts Core Curriculum.

Cross-age Tutoring Materials Reimbursement Application

September 1, 20_____ through April 30, 20_____

Cross-age Tutorial Reimbursement Request Form

- **<u>After book orders have arrived:</u>**
- **Attach a copy of the proof of payment, along with this Cross-age Tutoring Reimbursement Request Form.**
- **Send the Reimbursement Request Form to the address listed below.**

Utah State Office of Education
Attention: Sue Okroy
250 East 500 South
P. O. Box 144200
Salt Lake City, Utah 84ll4-4200
Phone Number: 801-538-7765
Fax Number: 801-538-7769

Applying School: _____

District: _____

Address: _____

_____

_____Zip: _____

Telephone: _____

_____	_____	_____	_____
Principal's Signature	Date	**Cross-age** Coordinator's Signature	Date

_____	_____
Principal Name Printed	**Cross-age** Coordinator's Name Printed

Cross-age Tutoring Materials Reimbursement Application
September 1, 20____ through April 30, 20____

Cross-age Tutoring Materials Reimbursement Check-off Sheet

Detach and keep this Check-off Sheet for your school records

1. ☐ Before December 3l, 20___ send the first **three pages** of the **Cross-age** Tutoring Materials Reimbursement Application and the **Cross-age First Accountability Report** to:

   Utah State Office of Education
   Attention: Sue Okroy
   250 East 500 South
   P.O. Box 144200
   Salt Lake City, Utah 84114-4200
   or
   Fax to: **801-538-7769**

2. ☐ **Before ordering books,** Sue Okroy will need to confirm the proposed leveled book order by telephone or email.

3. ☐ **After the book order arrives**, send page four, which is the **Cross-age Reimbursement Request Form along with a copy of the proof of purchase to Sue Okroy at the address, listed above.**

4. ☐ The **Principal** contacts their School District Business Administrator; to request the reimbursement funds.

5. ☐ Send in the **Second Cross-age Accountability Report** after post-assessment is completed, approximately the middle of May.

USOE Cross-age Program
First Accountability Report (see back)

The Cross-age Accountability Report provides the Utah State Office of Education, School Districts, and Local Schools with evidence of program implementation and progress. In order to receive the Cross-age Materials Reimbursement and training support from the USOE, this report must be completed and submitted **two** times during the year.

School _____ District _____

School Principal _____ School Principal's E-mail _____

School Cross-age Coordinator _____ Cross-age Coordinator's E-mail _____

Number of Teachers Involved with Cross-age _____ Number of Cross-age Volunteers _____

Number of Students Participating in Cross-age _____

Number of 30-minute Cross-age Sessions each Student Received _____ (on average)

Submit Accountability Report **two** times during the school year to Sue Okroy on or before the following dates:
November 14, 20___ and May 19, 20___*

Utah State Office of Education
Attn: Sue Okroy
250 East 500 South
P.O. Box 144200
Salt Lake City, Utah 84ll4-4200

*CRT data may delay the end-of-year report for those schools where CRT's are the only administered reading assessment available.

First USOE Cross-age Program Accountability Report Form

(Provide additional grids as needed)

Assessment (i.e. TPRI, CRT*, DIBELS, running record) _____ Pre-test Date _____

Classroom Teacher	Student	Tutor	Pre-test Score / Grade Level

I, _____, verify that the Cross-age Program has been implemented with fidelity at
Principal's Name
_____. I understand that if the Cross-age Tutoring Program is not maintained throughout the
School Name
20___ - 20___ school year, the school will repay the $500.00 Cross-age Materials Grant.

Date of Report Submission _____

Principal's Signature _____Cross-age Coordinator's Signature _____

USOE Cross-age Program
Second Accountability Report

Submit this form after completion of End of Level Testing
Approximately the middle of May

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School Principal _____School Principal's E-mail _____

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Salt Lake City, Utah 84ll4-4200

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Second USOE Cross-age Program Accountability Report Form

(Provide additional grids as needed)

Assessment (i.e. TPRI, CRT*, DIBELS, running record) _____ Pre-test Date _____ Post–test Date _____

Classroom Teacher	Student	Tutor	# of 30 Min. STAR Sessions/yr	Pre-test Score / Grade Level	Post-test Score / Grade Level

I, _____, verify that the Cross-age Program has been implemented with fidelity at
Principal's Name

_____. I understand that if the Cross-age Tutoring Program is not maintained throughout the
School Name

20___ - 20___ school year, the school will repay the $500.00 Cross-age Materials Reimbursement.

Date of Report Submission _____

Principal's Signature _____ Cross-age Coordinator's Signature _____