



"Exceeding your training expectations is our goal"

**AWARDS**

Leatherwood Enterprises

2003 Governor's Small Business Award

2003 M.E.D. Week Service Firm of the Year

Leatherwood's Home for Children

2003 Kansas City Top 25 under 25 Award

2003 SBA Success Story

Leatherwood MATTERS

2003 DFS Community Supporter Award

2003 Northeast News Community Betterment Award

**CERTIFICATIONS**

8(a)SDB, HUBZone, SDVOSB, NMSDC, MBE, WBE, IACET



<b>SES PROVIDER APPLICATION</b>	
Part B	
<b>PROVIDER SERVICE SUMMARY</b>	
(This information will be available on-line to parents, schools, and the general public.)	
<b>PROVIDER INFORMATION</b>	
NAME OF PROVIDER: Leatherwoods Home for Children dba Leatherwood Enterprises	
MAILING ADDRESS: 1601 E. 18th St., Ste 131	
CITY: Kansas City	STATE: Missouri ZIP CODE: 64108
PHONE NUMBER: (816) 842-7546	FAX NUMBER: (877) 513-3276
E-MAIL ADDRESS: donna@leatherwoods.biz	
<b>PRIMARY CONTACT INFORMATION</b>	
NAME: Donna Sanders	PHONE NUMBER: (816) 842-7546
E-MAIL ADDRESS: donna@leatherwoods.biz	
<b>SERVICES</b>	
<b>Provider status—check all that apply:</b>	
<input checked="" type="checkbox"/> For-profit organization	<input type="checkbox"/> School district
<input type="checkbox"/> Non-profit organization	<input type="checkbox"/> School building
<input type="checkbox"/> Faith-based organization	<input type="checkbox"/> Individual
	<input type="checkbox"/> Other: _____
<b>Areas to be served by provider:</b>	
<input checked="" type="checkbox"/> All school districts in Missouri	
<input type="checkbox"/> Specific districts or counties. Please list: _____	
<b>Number of sessions per week:</b> As required by LEA (will vary)	
<b>Minimum/maximum numbers:</b>	
Minimum number of students required before offering services: <u>50</u>	
Maximum number of students to be served at a session: <u>1500</u>	
<b>Cost per session:</b> Paid by School District	
<b>Proposed location of service delivery:</b>	
<input checked="" type="checkbox"/> Student's school site (if negotiated with the district)	
<input checked="" type="checkbox"/> Provider site	
<input checked="" type="checkbox"/> Other--explain: _____	
If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee? (Note: Districts are not required to provide or pay for transportation).	
<b>Certification of instructors:</b>	
<input checked="" type="checkbox"/> Baccalaureate degree in education	
<input checked="" type="checkbox"/> Baccalaureate degree in related field of instruction. Please list related field(s): _____	
<input checked="" type="checkbox"/> Reading Specialist	
<input checked="" type="checkbox"/> Other: <u>MSW, MS Health Services, BS Engineering</u>	
<b>Additional education and/or experience:</b>	
<input checked="" type="checkbox"/> Masters level degrees or above in either reading or mathematics	
<input checked="" type="checkbox"/> Missouri teacher certificated/licensed teachers	
<input checked="" type="checkbox"/> Experience teaching students with specific disabilities	
<input checked="" type="checkbox"/> Experience teaching LEP students	
<input checked="" type="checkbox"/> Ability to speak languages other than English. Please list: <u>Arabic, French, Spanish, West African</u>	
<input type="checkbox"/> Other: _____	


**LEATHERWOOD**  
 ENTERPRISES

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 Contract Holder

**Tutoring subjects available:**
 Reading     Writing     Math

**Grade Levels Served:**
 K-2     3-5     6-8     9-12

**Title or description of tutoring curriculum utilized:** CIERA, Cognitive Tutor, I CAN Learn Math
**Time of Service:**
 Before School  
 After School  
 Weekends  
 Summer  
 Other: Make Up-Sessions
**Mode of Instructional Delivery:**
 Individual one-on-one tutoring  
 Small group instruction (2 to 5 students)  
 Large group instruction (6 to 10 students)  
 On-Line/Web-based  
 Other: \_\_\_\_\_

**Specifics of reporting to parents & school (check all that apply):**
**Method:**
 letters  
 phone calls  
 conference with parents  
 conference with parents & school  
 other: e-mail
**Frequency:**
 weekly  
 bi-monthly  
 monthly  
 other: As Agreed
**Specific Student Populations Served:**

If your organization has provided supplemental services to any of the following groups, please check the corresponding box.

 Low-income students  
 Minority students  
 Migrant students  
 Limited English proficient students (LEP)  
 Special education students  
 Other—describe: \_\_\_\_\_

 Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.  
 Indicate subgroups: \_\_\_\_\_

**Effectiveness:**

Give a brief description of evidence you have that demonstrates effectiveness of your program/services. (This will be shared with parents).

Leatherwoods partners with parents. Your family will benefit from our services. We focus on one-on-one small group tutoring, and other educational interventions designed to increase academic achievement. Our tutors are experienced and certified. We offer tutoring in Reading, Writing and Math. Sessions vary in length from 1.5 to 2.5 hours. Our assessment system will identify your child's needs and will be used to monitor your child's progress.