

NSSA 2026 CONFERENCE

*Human Connections in a Digital Age:
The Next Chapter of High-Impact Tutoring*



High-Impact Tutoring in Underserved Schools without Burnout

Designing Realistic, Human-Centered, Dosage-Leveled Programs



Jaleesa Hall

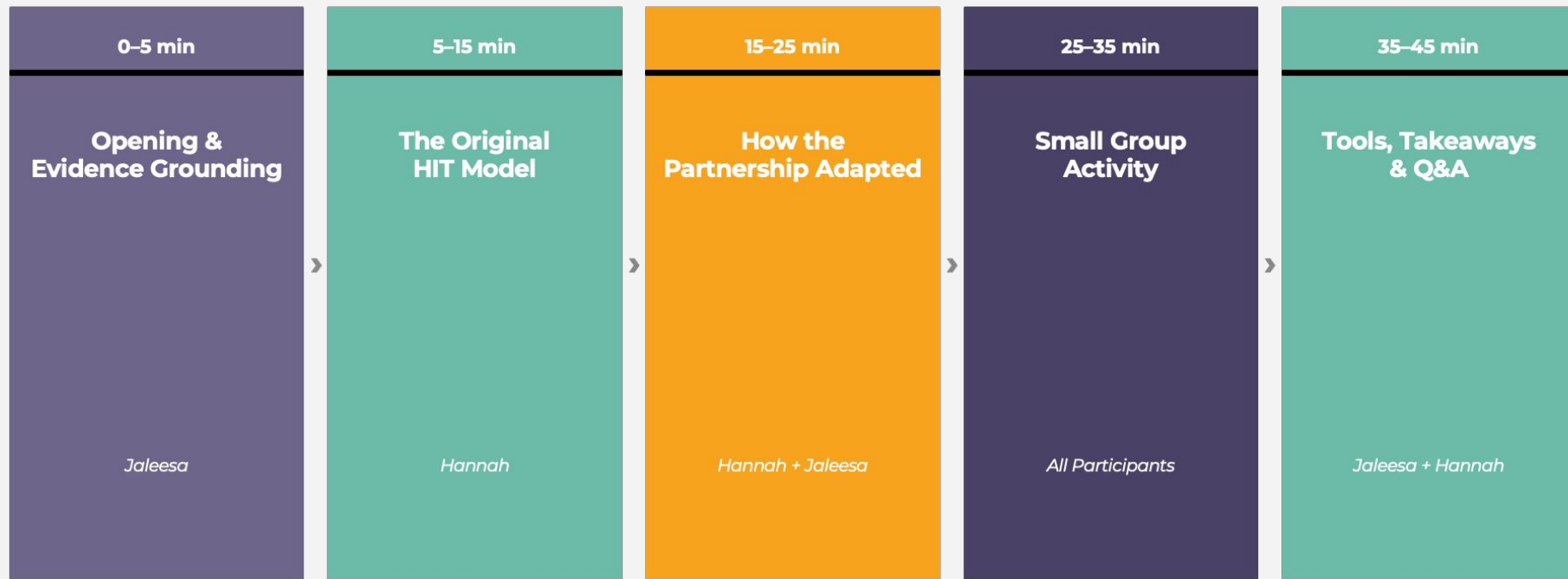
*Founder & CEO,
Raising A Village Foundation*



Hannah Hong

*Connected Schools Manager,
Malcolm X Elementary School
(DCPS)*

Session at a Glance



What the Research Tells Us

The evidence on high-impact tutoring is clear. Our job today is to figure out how to protect it.

3-5x

per week
minimum dosage
for impact at 90 minutes

< 4

students per
tutor group
for efficacy

Stable

tutor relationships
drive student
trust & outcomes

Central Question: How do we uphold these standards in schools facing real scheduling, staffing, and student wellness constraints?

What Past HIT Partnerships Taught Me

Hannah Hong | Manager, Connected Schools, Malcolm X ES

The model came first.

Partners would present a defined structure and expect us to fit into it. There wasn't always room to flag when something wasn't working for our students or teachers.

Inconsistency eroded trust.

I saw inconsistency in student relationships and teacher frustration — even when dosage numbers looked 'okay' on paper.

What I needed.

A partner who would listen to what our school and students actually needed — not just report back to a funder that the model was being implemented correctly.

Why I chose RAVF.

From the beginning, RAVF approached us as a real partner. They wanted to understand our school before proposing a model. I believed they would actually adjust if something wasn't working — and that turned out to be true.

The Original Model — and Where It Broke Down

What the Model Assumed

- Defined student minimums and minimum minute dosage per week
- Scheduled pull-out sessions during the school day
- Consistent frequency and dosage across all groups

Design Problems Encountered

- Few/no students remain in class during tutoring — creates disruption
- Pull-out sessions cut into core instructional time (only 30 min designated)
- Created gaps in core instruction for non-tutored students
- Teacher friction and concerns about classroom continuity
- School's chronic absenteeism not accounted for in model design

How the Partnership Adapted

A real conversation between a school partner and a program provider

Hannah →

What did you need us to change first — and why?

Rethinking student group sizes to fit our enrollment reality. Adjusting pull-out timing to decrease impact on homeroom teachers. Bringing teacher voice into planning.

Jaleesa →

How did RAVF respond? What was hardest to adjust?

Adapting delivery without abandoning dosage targets. Maintaining relationship continuity and tutor consistency across the changes.

What Changed — and What It Proved



Teacher Buy-In

Strong implementation with genuine teacher engagement once delivery reflected classroom realities.



Less Fragmentation

The school day felt less disrupted. Tutoring fit into Malcolm X's flow rather than fighting it.



School-First Fit

RAVF was able to fit into our school environment, requests, and needs — without abandoning dosage targets.

Key Message: Adaptation is not compromise. When the delivery model reflects the school's reality, dosage standards are **more**, not less, likely to be maintained over time.

Small Group Activity

Redesigning a HIT model for a real school context

1

5 min

Read the scenario

A tutoring model that hits all dosage benchmarks — but was clearly designed without accounting for a real school's constraints.

2

8 min

Diagnose

What are the design problems? Where would this model break down in practice?

3

5 min

Propose adjustments

What are one or two targeted changes that would make this more workable, without abandoning dosage requirements?

4

7 min

Share out

Each group shares one key idea. Facilitators will respond, anchoring adjustments back to the evidence.

Tools & Takeaways

Practical resources you can use immediately

01

Dosage Planning Template

A structured tool for adapting HIT models to real school constraints while protecting dosage minimums. Includes session frequency planner and school constraint audit.

02

School-Partner Conversation Checklist

A checklist for productive conversations about scheduling and delivery — ensuring both sides have surfaced the right questions before implementation begins.

03

Delivery Adjustment Framework

A simple decision framework for when and how to adjust delivery without reducing dosage. Helps teams distinguish necessary adaptation from compliance shortcuts.

Q&A: School-implementation questions, program design, or advocacy questions are welcome!

Thank You

How do we protect high-dosage tutoring in the schools that need it most?

The answer lives in partnerships that are honest enough to name what isn't working — and committed enough to fix it together.

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