

THE STATE EDUCATION DEPARTMENT
Collegiate Development Programs Unit
Education Building Addition, Room 960A
Albany, New York 12234
(518) 474-5313

**COLLEGIATE SCIENCE AND TECHNOLOGY ENTRY PROGRAM
2010-2011 FINAL REPORT INSTRUCTIONS**

Report Information

The Final Report covers the period from July 1, 2010 through June 30, 2011. The purpose of the Final Report is to provide summary information regarding participants, activities, program content and outcomes for the entire year.

Final Report Due Date: August 31, 2011

Number of Copies: Three (one original and one copy)

Send the report to: NYS Education Department
Collegiate Development Programs Unit - CSTEP
Education Building Addition, Room 960A
Albany, New York 12234

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Final Report Instructions

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Final Expenditure Report for a Federal or State Project: (FS-10-F Short Form)	Copy available at: www.oms.nysed.gov/cafe/forms.html
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INSTRUCTIONS

General

Projects must complete all tables listed under Report Contents. Complete information in all requested categories must be provided. If you have any questions regarding information to be provided, contact your program officer for clarification prior to the due date. The telephone number is (518) 474-5313.

Each copy of the report should be stapled or secured by a binder clip and sequenced in order. Include your institution's name in the upper right corner of each page of the report and any attachments.

An original and one copy of the Final Report are required. Final Reports must be postmarked by **August 31, 2011**.

Computer Generated Reports:

You may submit your own computer-generated report. However, all information requested in each table must be provided in the exact format shown in this report. Participant Rosters (Tables 1 and 3) must list participants alphabetically and be numbered sequentially. Table 1: Participant Roster must also be double-spaced.

Cover/Signature Page

Complete all information requested. Place the last two digits of your project number on the signature page in the spaces provided. (Refer to the 2010-2011 award notification letter for your assigned project number.)

Original signatures must be provided on one copy of the Final Report. Mark the original clearly -- if using a stamp, use blue ink only.

The person responsible for answering questions should generally be the person who prepared the report.

Table 1: Participant Roster

List each participant alphabetically. Number, sequentially, each student who participated in the program. Provide all requested information for each participant. Roster must be double spaced. Only provide the last four digits of the participant's social security number.

Table 2: Distribution of Students

Indicate the term(s) of program services for 2010-2011. Provide data for all participants by ethnicity and class level. The total of rows and the total of columns must each add up to the total number of participants reported on Table 1: Participant Roster.

Table 3: Economic Eligibility Roster

List alphabetically and number sequentially all participants who are **not** Black or African American, Hispanic/Latino, or Native American Indian/Alaskan Native. The total number of participants indicated on Table 3 must correspond to the sum of White, Asian/Pacific Islander and Other students participating in the program. All such participants must be economically disadvantaged as defined in the 2010-2011 CSTEP Guidelines, and all requested information must be provided for each participant listed.

Table 4 & 5: Research & Internship Experience

List each site where students participated in paid or unpaid research/internship experiences that directly relate to scientific, technological, and health-related careers and the licensed professions. Include all requested information for each site. The total hours should be the sum of all students' hours.

Table 6: Supportive Services Activities

Provide information regarding the areas of Counseling, Tutoring, and Standardized Exam Preparation. Identify the type(s) of counseling and tutoring that students receive. Indicate the types of standardized exam preparation offered by your program and the number of students who participated in this activity.

Table 7: Final Summary of Priorities

For each of the priorities identified in your institution's proposal, describe the activities and services that have been implemented, and indicate the results to date, of the activities and services that were addressed in the institution's RFP.

Table 8: Summary of Activities

For each activity offered from July 1, 2010 through June 30, 2011, provide the following information:

- Type of activity
- Activity description
- Number of participants
- Dates
- Number of offerings
- Total contact hours

Table 9: Student Grade Point Average Distribution

Provide the total number of students for each class average as of the end of the current academic year. The total on the last line should correspond to the number of participants reported on Table 1: Participant Roster.

Table 10: Placement of 2010-2011 CSTEP Graduates

List alphabetically and number sequentially each graduating CSTEP senior/graduate student who was enrolled in your program. The total number of students reported on Table 10 must correspond to the total number of Senior/Graduate Student participants reported to be graduating on Table 2. Any discrepancy between this number and the total number of seniors and graduate students is assumed to be the number of seniors and graduate students who participated in your 2010-2011 program but did not graduate.

If a participant has made plans to attend a four-year college or graduate/professional school, provide the name of the institution, whether the institution is in NYS, and the field of study planned. Job placements should be indicated in "If Employed" category with the appropriate field identified. If a student is uncertain about his/her plans after graduation, indicate "Undecided". If participant information is not available for other reasons, indicate "NA."

Table 11: Enrollment by Subject Area

Report the unduplicated headcount of CSTEP students by a major subject area. Select from the categories listed on this table the one that is closest to the student's actual major. Column 3 information will be used to compare CSTEP enrollment by Subject Area data with statewide student enrollment data.

Table 12: Programs Leading to Professional Licensure

List the specific majors offered by the institution that lead to professional licensure and indicate the number of undergraduate/graduate and CSTEP undergraduate/graduate students who are majoring in each.

Table 13: CSTEP Project Outcomes

In this narrative section, we are looking for concise descriptions of overall program operations, content and outcomes. In general, the amount of space allowed for each response is a guideline for the extent of the response expected.

Table 14: CSTEP Project Abstract

Write a description of your 2010-2011 program in at least 150 words but no more than 200 words to be included in the Annual Report to the Governor. The abstract should describe the program services offered and any unique strengths or characteristics of your project (i.e., preparation of health professionals/engineers, math/science teachers, etc.). You may refer to the institution's Request for Proposal (RFP) and highlights from tables 8 and 13 of this report.

Note: Students' names should not be included in the Project Outcomes and/or CSTEP Project Summary section.

Table 15 & 15A: Day(s) of Service Summary and Survey

Provide requested information regarding Day(s) of Service activities. Summarize the activities and discuss outcomes from these activities. Complete the survey.

Attachment A: CSTEP Final Expenditures

Summarize amounts shown on the FS-10F Short Form in column 1 for each category/code number. Summarize amounts on Attachment A for each category/code number and source; enter sums in columns 2 and 3. Provide the total for each category in column 4.

Attachment C: Copy of FS-10F Short Form

Attach a copy of the Final Expenditure Report for a Federal or State Project: FS-10-F Short Form.

TABLE 1: PARTICIPANT ROSTER

MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.

NAME (LAST, FIRST)	SOCIAL SECURITY NUMBER (Last 4 digits only)	CLASS LEVEL BEGINNING OF 2010-2011	MAJOR/CSTEP Related Field*	DATE OF FIRST ENTRY INTO CSTEP	PRIOR STEP PARTICIPANT (YES/NO)	TERM OF PARTICIPATION		
						S	F	SP
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

*If the major is not clearly identifiable as a math, science, technology, or pre-professional field, identify the CSTEP related field (see Attachment I).

TABLE 2: DISTRIBUTION OF STUDENTS

Sex	Ethnic Category	CLASS LEVEL					Totals
		First Year	Sophomore	Junior	Senior	Graduate Student	
M A L E S	African American						
	Hispanic/Latino						
	Native American Indian/Alaskan Native						
	White, non-Hispanic *						
	Asian/Pacific Islander *						
	Other *						
	Subtotal (Males)						
F E M A L E S	African American						
	Hispanic/Latino						
	Native American Indian/Alaskan Native						
	White, non-Hispanic *						
	Asian/Pacific Islander *						
	Other *						
	Subtotal (Females)						
TOTALS	(Sum of Males and Females)						

*Report Economic Eligibility in Table 3

TABLE 4: RESEARCH EXPERIENCE

MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED

Type of Research	Name of Placement Site	Description of research assignment and required number of hours	Number of Participants	Number of completions	Dates	Total Number of Hours
Mathematics						
Technology						
Science						
Health Related						
Law						
Architecture						
Accounting						
Engineering						
Other *Specify						
TOTAL						

* Attach separate list

TABLE 5: INTERNSHIP EXPERIENCE

MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED

Type of Internship	Name of Placement Site	Description of Internship Assignment and required number of hours	Number of Participants	Number of completions	Dates	Total Number of Hours
Mathematics						
Technology						
Science						
Health Related						
Law						
Architecture						
Accounting						
Engineering						
Other *Specify						
TOTAL						

* Attach separate list

TABLE 6: SUPPORTIVE SERVICES ACTIVITIES

COUNSELING	
<input type="checkbox"/> Personal <input type="checkbox"/> Financial <input type="checkbox"/> Career <input type="checkbox"/> Academic	Total # of students served _____ Total # of hours _____
TUTORING	
<input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Language Arts <input type="checkbox"/> Other	Total # of students served _____ Total # of hours _____

TABLE 7: FINAL SUMMARY OF PRIORITIES

Priority	Not Applicable (√)	Describe the Activities/Services to address the priority	Results
1. Services which increase recruitment, retention, and placement of eligible students in severe shortage areas (nursing, other allied health fields, engineering, math/science teacher education, etc.)			
2. Services designed to increase and retain African-American and Hispanic/Latino males and Native American or Alaskan Native students in CSTEP-targeted fields and the licensed professions.			
3. Pre-freshman/transfer summer program(s) providing a continuum of services and activities aimed at improving the skills and performance of students in college-level courses leading to CSTEP-targeted professions.			
4. Formal collaborations with other two-/four-year institutions, graduate or professional schools, and/or with the Science and Technology Entry Program.			

TABLE 8: FINAL SUMMARY OF ACTIVITIES

Type of Activity	Activity Description	Number of Participants	Dates	Number of Offerings	Total Contact Hours
1. Instructional support in “gateway” courses (i.e., small group tutorials or supplemental courses in biology, chemistry, physics, calculus or pre-professional prerequisite courses) (Required)					
2. Development of financial/graduate school research/internship database for students.					
3. Collaboration with internal partners i.e., faculty, department chairs or deans) (Required)					
4. Student professional development: Career fairs/workshops, poster presentations, publication in professional/research journals, participation in student conferences (Required)					

TABLE 8: FINAL SUMMARY OF ACTIVITIES
(continued)

Type of Activity	Activity Description	Number of Participants	Dates	Number of Offerings	Total Contact Hours
5. Graduate school standardized exam preparation Professional license exam preparation					
6. Academic Advisement (Required)					
7. Evaluation Plan (Required)					
8. Test taking, time management, and study skills.					
9. Collaboration with external partners.					
10. Program Advisory group					
11. Staff professional development: Participation in conferences designed to enhance program administration or the delivery of more effective program services.					
12. Supervised CSTEP career oriented internships and research opportunities (Required)					
13. Other – Please specify:					

TABLE 9: STUDENT GRADE POINT AVERAGE DISTRIBUTION

Class Level	Cumulative GPA Number of Students by Grade Range		
	3.0-4.0	2.0-2.99	1.99 or below
First Year			
Sophomore			
Junior			
Senior			
Graduate Student			
Total			

TABLE 10: PLACEMENT OF 2010-2011 CSTEP GRADUATES

MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.

Name of Graduate	SS# (Last 4 digits only)	CSTEP Research/Internship requirement completed? Yes/No	PLACEMENT BY EXPRESSED INTENTION				
			If Matriculating at a Postsecondary Institution, Name of Institution	4-year College	Graduate/ Professional School	If Employed, Identify Field	If Applying for Licensure, State Profession*
Total graduates _____			Total # continuing _____	Total # _____	Total # _____	Total in CSTEP Fields _____	Total # _____

* Please refer to Attachment B for list of NYS Licensed Professions and list as major or program of study above.

TABLE 11: ENROLLMENT BY SUBJECT AREA CSTEP STUDENTS

INSTRUCTIONS: In the table below, report the unduplicated headcount of CSTEP students by a major subject area. Select from the categories below the one that is closest to the student's actual major.

Line No. (1)	Major Subject Area (2)	Code No. (3)	All Participants (4)	Graduating Students (5)
1	Accounting			
2	Architecture and Related Services	4		
3	Biological and Biomedical Sciences	26		
4	Computer and Information Sciences	11		
5	Education - Math or Science only	13		
6	Engineering	14		
7	Engineering Technologies	15		
8	Health Professions and Related Clinical Sciences	51		
9	Legal Professions and Studies	22		
10	Mathematics and Statistics	27		
11	Physical and Natural Sciences			
12	Psychology	42		
13	Social Work			
14	Other Majors			
15	Total (Sum: Lines 1-14)		*	**

* The total number of all participants in column 4 should equal total number of students on Table 1, if not explain.
 ** The total number of all participants in column 5 should equal total number of students on Table 10, if not explain.
 *** The code number in column 3 corresponds to subject area majors as collected by NYSED Office of Higher Education.

TABLE 13: CSTEP PROJECT OUTCOMES

Complete the matrix below. For each item refer to the Table number in the parenthesis. For item number 7, enter the total number of students listed on Table 1 in column 3 and enter the contract enrollment number in column.

Item (1)	Number of students meeting the objective (2)	Number of eligible students (3)
1. Students matriculated in programs leading to professional licensure (Table 12)		
2. Graduates matriculating in professional/graduate schools in CSTEP careers (Table 10)		
3. Graduates applying for licensure (Table 10)		
4. Students participating in research and/or internships (Tables 4 & 5)		
5. Graduates with employment offers in CSTEP careers (Table 10)		
6. Students enrolled in mathematics and science teacher education preparation, nursing, and engineering programs (Table 11)		
7. Student enrollment (Table 1)		

Using a bullet format, list and/or describe student achievements such as awards, participation in competitions or conference presentations. Please do not include students' names.

TABLE 15: DAY(S) OF SERVICE SUMMARY

Date of Visit	School	Principal	# of volunteers	# of classes visited	# of students contacts
TOTALS					

List the name of the STEP and/or CSTEP institutions with whom your institution participated for the DOS classroom activities:

Institution Name	Program (STEP and/or CSTEP)

TABLE 15A: DAY(S) OF SERVICE SURVEY

Please answer the following questions:

1. Did your institution and/or region conduct planning meetings prior to the DOS activities? Yes__ No__ If yes, describe how these meetings were helpful in completing the DOS.
2. Did your institution and/or region provide training for volunteers prior to the DOS? Yes__ No__ If yes, describe how the training was helpful or could have been improved.
3. What were the positive outcomes of your DOS activities?
4. What effects do you think the DOS activities had on your program's visibility, recruitment, relationships with schools, etc?
5. What impact do you think the DOS activities had on each of the following groups:
 - a. Student contacts
 - b. Student volunteers
 - c. Professional volunteers
 - d. School personnel
 - e. Parents
 - f. STEP/CSTEP staff
6. What improvements would you suggest for DOS activities?

ATTACHMENT A: CSTEP FINAL EXPENDITURES

INCLUDE A SIGNED COPY OF THE FS-10F SHORT FORM

ROUND CENTS TO THE NEAREST DOLLAR

Line No.	Expenditure Category	Code	CSTEP (1)	Institution (2)	Other Sources (3)	TOTAL (4)
1	Salaries for Professional Personnel	15				
2	Salaries for Non-Professional Personnel	16				
	a. Clerical/Secretarial					
	b. Student Assistants					
	c. Other					
3	Purchased Services	40				
4	Supplies & Materials	45				
	a. Instructional					
	b. Other					
5	Travel Expenses	46				
	a. Student/Programmatic					
	b. Staff/Administrative					
6	Employee Benefits	80				
	a. Professional ___%					
	b. Clerical/Secretarial ___%					
	c. Student Assistants ___%					
	d. Other ___%					
7	SUBTOTAL of Lines 1-6					
8	Indirect Cost*	90				
9	Equipment**	20				
10	GRAND TOTAL (Lines 7 - 9)					

*The CSTEP Indirect Cost (col. 1, line 8) may not exceed 8% of SUBTOTAL (col. 1, line 7).
 The Institutional Indirect Cost (col. 2, line 8) may not exceed 20% of SUBTOTAL (col. 2, line 7). Equipment, tuition, honoraria or stipends and contracts exceeding \$25,000 should not be included when computing Indirect Cost.

**If equipment has been purchased, please complete the equipment inventory form (Attachment II).

2010-2011 CSTEP Proposed Budget

Institution Name: _____

Page _____ **of** _____

**ATTACHMENT B: PROFESSIONS LICENSED, REGISTERED OR CERTIFIED
BY THE NEW YORK STATE BOARD OF REGENTS**

Professions*

Acupuncture

Architecture

Athletic Trainer

Audiology

Certified Shorthand Reporting

Chiropractic

Dentistry

- Dentists
- Dental Anesthesia/Sedation
- Dental Hygienists
- Dental Assistants

Dietetics-Nutrition

Engineering

Interior Design

Land Surveying

Landscape Architecture

Massage Therapy

Medical Physics

Medicine

- Physicians
- Physicians, 3-year limited license
- Physician Assistants
- Specialist Assistants

Mental Health Practitioners

Midwifery

Nursing

- Registered Professional Nurses
- Licensed Practical Nurses
- Nurse Practitioners

Occupational Therapy

- Occupational Therapists
- Occupational Therapy Assistants

Ophthalmic Dispensing

Optometry

Pharmacy

- Pharmacists
- Pharmacy Establishments

Physical Therapy

- Physical Therapists
- Physical Therapist Assistants

Podiatry

Psychology

Public Accountancy

- Certified Public Accountants

Respiratory Therapy

- Respiratory Therapists
- Respiratory Therapy

Technicians

Social Work

Speech-Language Pathology

Veterinary Medicine

- Veterinarian
- Veterinary Technician

- Public Accountants

***Law and math/science teaching are also considered eligible professions for CSTEP purposes.**

