THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Teacher Development Programs Unit – TOC
Room 1069 Education Building Addition, Albany, New York 12234
Tel. (518) 486-5347
Fax (518) 474-6606
E-mail: acox@mail.nysed.gov

Date: June 10, 2009

To: Teacher Opportunity Corps Project Directors

From: Amy Cox

Subject: 2008-2009 TOC Final Report Form

The Final Report Form for the Teacher Opportunity Corps Program for the 2008-2009 year is enclosed. Please provide an original and one copy of the completed form by August 30, 2009.

New York State Education Department
89 Washington Avenue
Teacher Development Programs Unit
Room 1069, Education Building Addition
Albany, NY 12234

The University of the State of New York
NEW YORK STATE EDUCATION DEPARTMENT
Teacher Recruitment and Development Unit
Albany, New York 12234
(518) 486-6042

TEACHER OPPORTUNITY CORPS
2008-2009 FINAL REPORT
INSTRUCTIONS

Report Information

The Final Report covers the period between **July 1, 2008 and June 30, 2009**. 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 30, 2009

Number of Copies: Two (one with **original signatures**)

Send the report to: New York State Education Department
89 Washington Avenue
Teacher Recruitment and Development Unit
Education Building Addition, Room 1069
Albany, NY 12234

Report Contents

Signature Page
Table 1: Enrolled Participant Roster
Table 2: Distribution of Enrolled Participants
Table 3: Enrolled Participant Status
Table 4: Economic Eligibility Roster for Enrolled Participants
Table 5: Teaching Exams for Enrolled Participants
Table 6: Internships and Field Experiences
Table 7: Mentoring Roster for Individuals Who Completed the TOC Program in 2007-08
Table 8: Placement of 2008-2009 TOC Completing Participants
Table 9: Activity Summary
Table 10: TOC Final Expenditures
Table 11: Project Outcomes

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 **prior to** the due date for clarification. The telephone number is (518) 486-6042.

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.

Two copies of the Final Report are required. Final Reports must be postmarked by **August 30, 2009.**

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. Tables 1, 4, 5, 7 and 9 must list entries alphabetically, double-spaced and numbered in order.

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 2008-2009 award notification letter for your assigned project number.)

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

The Project Director must be available and able to respond to all programmatic inquiries.

Table 1: Enrolled Participant Roster

List alphabetically and number sequentially each enrolled participant. Provide all requested information for **each** participant. TOC program completers who are mentored, but **not** enrolled, should **only** be reported on Tables 7.

Table 2: Distribution of Enrolled Participants

Provide data only for participants enrolled at your institution, by gender, ethnicity and class level.

Table 3: Enrolled Participant Status
Certification Status of Enrolled Participants

The first chart in Table 3 which records the certification status of enrolled participants has been modified to include the newest criteria provided by the Office of Teaching Initiatives. Please use the expanded criteria as much as possible.

In determining teaching status, use the following criteria:

1. Experienced teachers (EXP) are those teachers who have taught full time for at least five years prior to enrollment in the program, and who continue to teach at least half time while enrolled in the program.

2. New teachers (NEW) are those teachers who have been teaching less than five years prior to entering the program and who continue to teach at least half time while enrolled in the program.

3. Student teachers (ST) are those participants who began and/or completed student teaching requirements in 2008-2009.

4. Paraprofessionals (PARA) are those participants who were working full time in elementary, middle or secondary schools as teacher aides or assistants for at least one full term in 2008-2009, while being concurrently enrolled in the TOC program.

5. Other school staff (O) are those participants who were working full time in elementary, middle or secondary schools for at least one full term in 2008-2009, while being concurrently enrolled in the TOC program.

6. All other participants are considered to be "Not Teaching" (N).

In determining priority status, use the following criteria:

- Priority 1: Historically underrepresented and underserved participants. For TOC purposes these are African American, Hispanic/Latino and American Indian/Alaskan Native participants.

- Priority 2: Economically Disadvantaged participants. Refer to 2008-2009 TOC RFP guidelines for economic eligibility guidelines.

- Priority 3: Other participants: These are participants who plan to teach at-risk students but do not meet the criteria for Priority 1 or Priority 2 groups.

Table 4: Economic Eligibility Roster

List alphabetically and *number sequentially* all participants who participated as Priority 2, economically disadvantaged participants. All such participants must be economically disadvantaged as defined in the 2008-2009 TOC Guidelines, and all requested information must be provided for each participant listed. The total number of participants must equal the total number reported as having Priority 2 status on Table 3: Enrolled Participant Status. Note that the sum of participants reported to be Priority 2 and Priority 3 will equal the sum of all White, Asian, or Other ethnicity participants.

Table 5: Teaching Exams

List alphabetically all participants who have taken any of the NYS teaching exams **between July 1, 2008 and June 30, 2009** and whether each section was passed or failed, indicating scores if available. These exams include:

1. The Liberal Arts & Science Test (LAST)
2. Assessment of Teaching Skills – Written (ATS-W)
3. Content Specialty Test (CST)
4. Assessment of Teaching Skills-Performance [video] (ATS-P)

Table 6: Internships and Field Experiences

Internship or field experiences include a variety of experiences. Such experiences may include weekly sessions in a classroom under the tutelage of a regular classroom teacher, or 2-week intensive workshops in which participants develop individualized assessment plans with students. Describe each internship or field experience involving direct classroom contact with K-12 students. You will need to decide how to most logically group internship activities according to the structure of your program. Include all requested information for each site. The total participant hours should be the sum of all TOC participant hours at each site.

Table 7: Mentoring Roster for Individuals Who Completed the TOC Program in 2007-08

List alphabetically and *number sequentially* all 2007-2008 TOC program completers who were mentored in 2008-2009 during their first year of teaching after completing the TOC program. Provide all the information requested for all mentored teachers who were TOC program completers but who were **not** enrolled in your program in 2008-2009.

Table 8: Placement of 2008-2009 Completing TOC Participants and Known Placements

List alphabetically and *number sequentially* all participants completing the TOC program in 2008-2009. Indicate if each completing participant received a bachelor's or master's degree. If the completing participant is attending graduate school, identify the school. If the completing participant is employed, identify the school where employed, location and if it is a SURR school. For each completing participant report if provisional or permanent certification was applied for. Provide the totals indicated at the bottom of the columns.

Table 9: Activity Summary

Describe each non-instructional activity operated by the program during the report period. You will need to decide how to most logically group your activities according to the structure of your program.

- Type of activity: Indicate whether the activity is a field trip, a discussion group, a presentation seminar, standardized test preparation, tutoring, counseling, etc.

- Activity description: Briefly describe the activity.

- Number of participants: Indicate how many participants actually attended the activity described.

- Scope/duration of activity: Indicate the duration of the activity (i.e. Fall semester, two weeks, one day, etc.)

- Credit or non-credit: Indicate whether activity was for credit (C) or not for credit (NC).

- Total hours: The total hours should be the length of time for all units of the activity described. For example, a 2-part workshop where each part lasted 2 hours would result in 4 hours for the activity. For activities such as counseling or tutoring, total hours refers to the sum of all counseling/tutoring provided for **all** participants.

Table 10: TOC Final Expenditures

Summarize amounts shown on the FS-10-F in column 1 for each category/code number.

Summarize amounts for each category/code number of each expenditure contributed by the institution; and enter sums in column 2.

Summarize amounts for each category/code number of each expenditure contributed by other sources and enter sums in column 3.

Calculate all subtotals and totals.

Attach a copy of the *Final Expenditure Report for a Federal or State Project: FS-10-F.* It is important to note that the due date for sending the **original** FS-10-F to the Grants Finance Unit is 7/30/2009 and the inclusion of a copy of this form in the TOC Final Report **does not** satisfy the required submission of the FS-10-F to the Grants Finance Unit by 7/30/2009. The original FS-10-F must be sent within 30 days of project completion to: NYS Education Department, Grants Finance Unit, Room 510, Education Building, Albany, NY 12234.

Table 11: Project Outcomes

Please complete as described in table.

The University of the State of New York
NEW YORK STATE EDUCATION DEPARTMENT
Teacher Recruitment and Development Unit
Albany, New York 12234
(518) 486-6042

TEACHER OPPORTUNITY CORPS
2008-2009 FINAL REPORT

Name of Institution: _____

Mailing Address of TOC Program: _____

_____

_____

Project # | 0 | 5 | 2 | 0 | 0 | 9 | 0 | 0 | | |

Name of Project Director: _____

Title: _____

Telephone Number: _____ (Area Code) Fax Number _____ (Area Code)

E-Mail Address: _____

PLEASE RETURN ORIGINAL AND ONE COPY TO:

NEW YORK STATE EDUCATION DEPARTMENT
89 WASHINGTON AVENUE
TEACHER RECRUITMENT & DEVELOPMENT UNIT
ROOM 1069, EDUCATION BUILDING ADDITION
ALBANY, NEW YORK 12234

Signatures:

_____
Project Director

_____
Chief Executive Officer

INCLUDE A COPY OF THE SIGNED FS-10-F WITH THIS REPORT. SEND THE ORIGINAL FS-10-F TO THE GRANTS FINANCE UNIT. IT IS IMPORTANT TO NOTE THAT THE ORIGINAL FS-10-F MUST BE SENT TO THE GRANTS FINANCE UNIT NO LATER THAN 30 DAYS AFTER PROGRAM COMPLETION, THAT IS, ON OR BEFORE 7/30/09.

NOTE: IF YOUR GRANT IS FUNDED THROUGH A CUNY/SUNY RESEARCH FOUNDATION, YOU MUST SUBMIT A COPY OF THIS REPORT TO THE APPROPRIATE FOUNDATION LIAISON.

DUE AUGUST 30, 2009

TOC 2008-2009 FINAL REPORT **INSTITUTION NAME_____**

TABLE 1
ENROLLED PARTICIPANT ROSTER

For the period: July 1, 2008 to June 30, 2009

Make additional copies of this form as required.

NAME List in alphabetical order Last Name, First Name	SOCIAL SECURITY NUMBER	CLASS LEVEL BEGINNING OF 2008-2009	CERTIFICATION TYPE	SUBJECT AREA

NC = Not Certified
INIT = Initial License
PR = Provisional Certification
PE = Permanent Certification
PROF = Professional
MTL = Modified Temporary License
TA = Transitional A for Career and Technical Subjects

TOC 2008-2009 FINAL REPORT **INSTITUTION NAME:_____**

TABLE 2: DISTRIBUTION OF ENROLLED PARTICIPANTS

For the period: July 1, 2008 to June 30, 2009

Sex	Ethnic Category	CLASS LEVEL					
		F	S	J	SR	Graduate	Total
MALES	African American						
	Hispanic/Latino						
	American Indian/Alaskan Native						
	White, non-Hispanic						
	Asian/Pacific Islander						
	Other						
	Subtotal (Males)						
FEMALES	African American						
	Hispanic/Latino						
	American Indian/Alaskan Native						
	White, non-Hispanic						
	Asian/Pacific Islander						
	Other						
	Subtotal (Females)						
TOTALS	**(Sum of Males and Females)**						

TOC 2008-2009 FINAL REPORT **INSTITUTION NAME:_____**

TABLE 3: ENROLLED PARTICIPANT STATUS

Certification Status of Enrolled Participants

	NC	INIT	PR	PE	PROF	MTL	TA	TOTAL
Number of Participants								

NC = Not Certified
INIT = Initial License
PR = Provisional Certification
PE = Permanent Certification
PROF = Professional
MTL = Modified Temporary License
TA = Transitional A for Career and Technical Subjects

Teaching Status of Enrolled Participants

	EXP	NEW	ST	PARA	OTHER	N	TOTAL
Number of Participants							

EXP = Experienced Teacher (Teaching 5 years or more)
New = Teaching less than 5 years
ST = Student Teacher
PARA = Paraprofessional
OTHER = Other School Staff
N = Not Teaching

Priority Status of Enrolled Participants

	1	2	3	TOTAL
Number of Participants				

Priority 1 = Historically underrepresented and underserved
Priority 2 = Economically Disadvantaged
Priority 3 = Others who plan to teach at-risk students

TOC 2008-2009 FINAL REPORT **INSTITUTION NAME:_____**

TABLE 4: ECONOMIC ELIGIBILITY ROSTER FOR ENROLLED PARTICIPANTS*

For the period: July 1, 2008 to June 30, 2009

Make additional copies of this page as needed.

			Economic Eligibility Category							
			If admitted based on income and number of persons in household, complete this section.				If admitted based on criteria other than income and number in household, check the appropriate category.			
Last Name, First Initial List in Alphabetical Order	**"X" If Previously Qualified**	**Social Security Number**	**2007 Annual Income**	**Number of Persons in Household**	**"X" If Two Workers**	**"X" If Sole Support-1 Parent Family**	**Social Services**	**Foster Child**	**Ward of State**	**Prior NYS Opportunity Program Eligibility**

* Only Priority 2 participants should be reported on this table.

TOC 2008-2009 FINAL REPORT **INSTITUTION NAME:**_____

Table 5:
TEACHING EXAMS FOR ENROLLED PARTICIPANTS

For exams taken between July 1, 2008 to June 30, 2009

Make additional copies of this page as needed

Participant Name	LAST		ATS-W		CST		ATS-P	
	Passed	Failed	Passed	Failed	Passed	Failed	Passed	Failed
TOTAL								

TOC 2008-2009 FINAL REPORT **INSTITUTION NAME:_____**

TABLE 6: INTERNSHIPS AND FIELD EXPERIENCES

For the period: July 1, 2008 to June 30, 2009

Make additional copies of this page as needed

Internship/Field Experience Site Name, Address, and Contact Person	Description of Internship or Field Experience	No. of TOC Partici-pants	Type of Activity(ies)	Credit or Non-Credit (C/NC)	Grade Level(s) Served	No. of Students in Classes Taught	Total Particiapant Hours At site
			☐ Tutoring or Mentoring At-Risk Students ☐ Teacher Assistant or Aide ☐ Internship ☐ Observation ☐ Other (specify):				

TOC 2008-2009 FINAL REPORT **INSTITUTION NAME:_____**

TABLE 7: MENTORING ROSTER FOR INDIVIDUALS WHO COMPLETED THE TOC PROGRAM IN 2007-08

Include all TOC participants who completed the TOC program between July 1, 2007 and June 30, 2008.
Make additional copies of this page as needed

Last Name, First Name	Social Security Number	Year Graduated From TOC	School Name and Address	SURR School (Y/N)	High-Need School (Y/N)	Grade Level(s) Taught	Mentor Name, Title, and Place of Employment	Total No. of Mentor Contact Hours

Please note that program graduates listed on Table 7 <u>should not</u> be included on Table 1: Enrolled Participant Roster.

TOC 2008-2009 FINAL REPORT **INSTITUTION NAME:_____**

For the period: July 1, 2008 to June 30, 2009

TABLE 8: 2008-2009 COMPLETING TOC PARTICIPANTS AND KNOWN PLACEMENTS

Make additional copies of this page as needed

Name of Completing Participants Last Name, First Name	Degree Received	Attending Graduate School?		If Employed			Applied for Certification?	
		Yes/No	Degree Pursuing (MA/MS, PhD, etc.)	Name of School	SURR Y/N	High Need Y/N	Yes/No	Type
Total #	Total # BA/BS Total # MA/MS				Total #	Total #	Total #	

TABLE 9: ACTIVITY SUMMARY

For the period: July 1, 2008 to June 30, 2009

Make additional copies of this page as needed

No.	Type of Activity	Activity Description	No. of Participants	Scope/ Duration of Activity*	No. of Credit Hours or Non-Credit	Total Hours

*Indicate duration (i.e., fall semester, or 1 day) and total number of contact hours.

TOC 2008-2009 FINAL REPORT **INSTITUTION NAME:_____**

Number of Students Served_____

TABLE 10: TOC FINAL EXPENDITURES

For the period: July 1, 2008 to June 30, 2009

ROUND CENTS TO THE NEAREST DOLLAR

Line No.	Expenditure Category	Code	TOC (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 TOC Indirect Cost (column 1) may not exceed 8% of SUBTOTAL (col. 1, line 7). The Institutional Indirect Cost (column 2) may not exceed 20% of SUBTOTAL (col. 2, line 7). Equipment is not included when computing Indirect Cost.

TOC 2008-2009 FINAL REPORT **INSTITUTION NAME:_____**

TABLE 11: PROJECT OUTCOMES AND CHALLENGES

For the period: July 1, 2008 to June 30, 2009

1) Describe/list any student achievements such as awards, participation in competitions or conference presentations.

   Provide evaluative evidence, including the performance measures and data sources you used, that documents the effectiveness of your program and/or program components in any or all of the following:

   1) Meeting your project objectives and improving student performance;
   2) Preparing high-quality new and novice teachers;
   3) Improving teacher practice;
   4) Meeting the needs of high-need schools and districts; and
   5) Improving student and/or school performance.

2) Describe/list any challenges faced regarding this year's administration of your TOC Project.