



Supervisor  
Office of K-16 Initiatives & Access Programs  
Pre-Collegiate Preparation Programs Unit  
Education Building Addition, Room 965  
Tel. (518) 486-5202  
Fax (518) 474-0060

July 2010

TO: Science and Technology Entry Program (STEP) Project Directors

FROM: Lewis J. Hall

SUBJECT: 2009-2010 Final Report Form and Instructions

The Final Report Form and Instructions for the Science and Technology Entry Program for the operational year 2009-2010 are enclosed.

Please provide an original and two copies of the completed form by September 29, 2010 to:

NYS Education Department  
Pre-Collegiate Preparation Programs Unit  
Science & Technology Entry Program (STEP) Final Report 2009  
89 Washington Avenue, EBA Room 967  
Albany, NY 12234

Enclosure

**SCIENCE AND TECHNOLOGY ENTRY PROGRAM  
2009-2010 FINAL NARRATIVE REPORT  
DUE SEPTEMBER 29, 2010**

Name of Institution: \_\_\_\_\_

Mailing Address of STEP Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project#: 0516-10-00 \_\_ \_\_ Contract #: C400 \_\_ \_\_ \_\_

Assembly District#: \_\_\_\_\_ Senate District#: \_\_\_\_\_

Name of Project Director: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**PLEASE RETURN ORIGINAL AND TWO COPIES TO:**

**New York State Education Department  
Pre-Collegiate Preparation Programs Unit  
Science and Technology Entry Program  
STEP Final Report 2010  
89 Washington Avenue, EBA Room 967  
Albany, NY 12234**

***INCLUDE A SIGNED COPY OF THE FS-10F  
SHORT FORM. SEND THE ORIGINAL FS-  
10F SHORT FORM TO THE GRANTS  
FINANCE UNIT.***

Signatures:  
\_\_\_\_\_  
Project Director  
\_\_\_\_\_  
Chief Executive Officer  
\_\_\_\_\_  
Chief Fiscal Officer

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

**Note: FS-10F short form is due July 30, 2010  
Send to the Grants Finance Unit.**



# INSTRUCTIONS

## **General**

Project managers must complete all tables listed under Report Contents. Complete information must be provided. If you have any questions regarding information to be provided, contact your program officer at (518) 486-5202 for clarification.

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 on any attachments.

List participants, schools alphabetically and numbered sequentially. Participant Roster must be double-spaced.

An original and two copies of the Final Report are required. Final Reports must be received by **September 29, 2010**.

### **Computer Generated Reports:**

All information requested in each table must be provided in the exact format shown in this report. You may go to our web site <http://www.highered.nysed.gov/kiap/step/step.htm> for a copy of the report.

### **Signature Page:**

Complete all information requested. Place the last two digits of your project number and the last three digits of your contract number on the signature page in the spaces provided. (Refer to the 2009-2010 award notification letter for your assigned project and contract numbers.)

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

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

### **Table 1: Participant Roster:**

List alphabetically and number sequentially each participant in the program. Provide all requested information for each participant.

### **Table 2: Distribution of Students Served:**

Indicate the term(s) of program services for 2009-2010. Provide data for all participants by ethnicity and grade 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** 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 2009-2010 STEP Guidelines, and all requested information must be provided for each participant listed.

**Table 4: School Roster:**

List alphabetically and number sequentially each school that project participants attended during 2009-2010. Provide all requested information for each school. Note: The total number of students served by the program must equal the total number of participants listed on “Table 1: Participant Roster”.

**Tables 5 & 6: Research & Internship Experience:**

*List each site where students participated in* paid or unpaid research/internships 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 7: Support Services:**

Provide information regarding the areas of Counseling and Tutoring. Identify the type(s) of counseling and tutoring that students receive. Indicate the number of students who participated in these activities.

**Table 8: Final Summary of Priorities:**

For each priority identified, describe the activities and services offered to address the priority. Describe (indicate) results (outcomes) of these activities and services.

**Table 9: Final Summary of Activities:**

For each activity offered from July 1, 2009 – June 30, 2010, provide the following information:

- a description of each activity
- grade levels served
- number of participants served
- date of activity
- total hours of activity
- description of results (outcomes) of activity

**Table 10: Student Grade Averages:**

Provide the total number of students for each grade average as of the end of the current school year. The total on the last line should correspond to the number of participants reported on “Table 2: Students Served”.

**Table 10A: Grade 8 Assessment Tests:**

Provide data from the 8<sup>th</sup> grade students’ assessment tests. The number of scores should equal the number of grade 8 students reported on “Table 2: Students Served”.

**Tables 11 & 12: Mathematics and Science Profiles:**

For each course indicate the number of students who were enrolled, the number of students who took the regents and/or Advanced Placement examination and the number of students who passed the exam and course. Provide requested information for college-level course(s) that the students were enrolled in.

**Table 13: Average SAT Scores by Ethnicity and Gender:**

Provide averages of the writing, verbal, and mathematics and combined SAT scores for all 12th graders enrolled in your program. The total of each column must correspond to the total number of grade 12 participants reported on Table 1 and Table 2.

**Table 14: Placement of 2009-2010 STEP Graduates:**

List alphabetically and number sequentially each graduating STEP senior who was enrolled in your program. The total number of students reported on Table 14 must correspond to the total number of 12th grade participants reported on Table 1. Any discrepancy between this number and the total number of 12th graders is assumed to be the number of 12th grade students who participated in the 2009-2010 program, but did not graduate.

If a participant has made plans to attend college, provide the name of the institution, and indicate whether the institution is located in New York State, and the field of study planned. Other placements including employment, military service, volunteer service, and trade apprenticeships should be indicated in "Other." If a student is uncertain about his/her plans after graduation, indicate "U" in "Other." If participant information is not available for other reasons, indicate "NA."

**Tables 15 & 15A: STEP Project Outcomes and Student Achievements:**

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 16: STEP Project Abstract:**

Write a description of your 2009-2010 program, do not exceed 150 words. The description should state the objectives of the program, indicate the number of students and class levels served, and concisely describe the program services offered and any special accomplishments achieved.

**Note:** Students' names should not be included in the Project Outcomes and/or STEP Project Summary sections.

**Tables 17 & 17A: Day(s) of Service Summary & Survey:**

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

**Attachment A: STEP Final Expenditures:**

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

**Attachment B: Completed 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)	SS# (Last 4 digits)	CLASS LEVEL BEGINNING OF 2009-2010	SCHOOL	DATE OF FIRST ENTRY INTO STEP	Term(s) of Participation		
					S	F	Sp
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Please number each student listed on additional pages

Please make sure that your totals are accurate and add up correctly in the “total” spaces

**TABLE 2: DISTRIBUTION OF STUDENTS SERVED**

Sex	Ethnic Category	CLASS LEVEL						Totals
		7	8	9	10	11	12	
M A L E S	African American							
	Hispanic/Latino							
	Native American Indian/Alaskan Native							
	White, non-Hispanic *							
	Asian/Pacific Islander *							
	Other *							
	<b>Subtotal (Males)</b>							
F E M A L E S	African American							
	Hispanic/Latino							
	Native American Indian/Alaskan Native							
	White, non-Hispanic *							
	Asian/Pacific Islander *							
	Other *							
	<b>Subtotal (Females)</b>							
<b>TOTALS</b>	<b>(Sum of Males and Females)</b>							

\*Report Economic Eligibility in Table 3

**TABLE 3: ECONOMIC ELIGIBILITY ROSTER**

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Last Name, First Initial	"X" If Previously Qualified	Social Security Number (last four digits)	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.		
			2008 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
1.									
2.									
3.									
4.									
5.									
6.									
Grand Total									

Please be sure that there is a grand total of economically eligible students on the last line of this table.

**TABLE 4: SCHOOL ROSTER**

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Name and Address of School	Grade Levels Served	County of School	% minority composition of school	% of free lunches at school	Senate and Assembly District #'s*		Number of STEP Students Served
					S	A	
<b>TOTAL</b>							

\*The NYS Assembly: <http://assembly.state.ny.us/>

The NYS Senate: [www.senate.ny.us/senatehomepage.nsf/home?openform](http://www.senate.ny.us/senatehomepage.nsf/home?openform)

**TABLE 5: RESEARCH EXPERIENCE**

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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						
<b>TOTAL</b>					XXXXXX	

\* Attach separate list

**TABLE 6: INTERNSHIP EXPERIENCE**

Type of Research	Name of Placement Site	Description of Internship Assignment and Required Number of Hours	# of Participants	# of Completions	Dates	Total # of Hours
Mathematics						
Technology						
Science						
Health Related						
Law						
Architecture						
Accounting						
Engineering						
Other *Specify						
<b>TOTAL</b>					XXXX	

\* Attach separate list

**TABLE 7: SUPPORT SERVICES**

<b>COUNSELING</b>	
_____ Personal _____ Financial _____ Career _____ Academic	Total # of students served: _____ Total # of hours: _____
<b>TUTORING</b>	
_____ Math _____ Science _____ Language Arts List Others: _____ _____ _____	Total # of students served: _____ Total # of hours: _____

**TABLE 8: FINAL SUMMARY OF PRIORITIES**

<b>Priority</b>	<b>If N/A check</b>	<b>Describe the Activities/Services to address the priority</b>	<b>Measurable Results</b>
1. Program services and activities to serve students in SURR and/or schools in need of corrective action.			
2. Collaboration with CSTEP at other higher education institutions.			
3. Program services designed to improve eighth grade students' test scores on the New York State Mathematics and Science Assessment Examinations.			
4. Program services designed to improve recruitment and retention of historically underrepresented male participants in all targeted grade levels.			
5. Program services and activities designed to improve the recruitment and retention of Latino/Hispanic participants in all targeted grade levels.			

**TABLE 9: FINAL SUMMARY OF ACTIVITIES**

Please make sure that you have one grand total of both the # of students and number of hours in the designated columns for *each* subject area.

Type of Activity	Activity Description	Grade Levels	Total # of Students	Dates	Total Hrs	Measurable Results
1. Instruction in mathematics: Algebra, Geometry, pre-Calculus/Calculus. (Required)						
2. Instruction, including laboratory experience in Physical and Life Sciences, Biology, Chemistry, Physics, Earth Science. (Required)						
3. Instruction and guidance for Regents exams, and college admissions exams i.e., PSAT, SAT, ACT. (Required)						
4. Instruction in Technology.						

Please make sure that you have one grand total of both the # of students and number of hours in the designated columns for *each* subject area.

**TABLE 9: FINAL SUMMARY OF ACTIVITIES (cont.)**

Type of Activity	Activity Description	Grade Levels	Total # of Students	Dates	Total Hrs	Measurable Results
65 Operation of parent component. (Required)						
6. Collaboration with program partners and among STEP and CSTEP Programs. (Required)						
7. Trips to postsecondary institutions, conferences, business and industry, etc.						
8. Other-please specify.						

**TABLE 10: STUDENT GRADE AVERAGES**

Student Grade Averages	Number of Students by Grade Level						
	7	8	9	10	11	12	Total
90 and Above							
80-89							
70-79							
65-69							
Below 65							
<b>Total</b>							

**TABLE 10A: GRADE 8 ASSESMENT TESTS**

GRADE 8 TESTS	Number of Students by Score				
	Level I	Level II	Level III	Level IV	TOTAL
Mathematics					
Language Arts					
Science					
<b>Total</b>					

**TABLE 11: MATHEMATICS PROFILES**

<b>Regents Course</b>	<b># Enrolled</b>	<b># Taking Regents Exam</b>	<b># Passing Regents Exam</b>	<b># Earning Regents Credit</b>
Integrated Algebra				
Geometry				
Mathematics A				
Mathematics B				

<b>Advanced Placement Course</b>	<b># Enrolled</b>	<b># Taking AP Exam</b>	<b># Passing AP Exam</b>	<b># Earning AP Credit</b>
AP Calculus				
AP Computer Science				
AP Statistics				

<b>College Level Mathematics: Course Title</b>	<b># of Students Enrolled in the Course</b>	<b># of Credits Attempted</b>	<b># of Credits Earned</b>

**TABLE 12: SCIENCE PROFILES**

<b>Regents Course</b>	<b># Enrolled</b>	<b># Taking Regents Exam</b>	<b># Passing Regents Exam</b>	<b># Earning Regents Credit</b>
Regents Earth Science				
Regents (Living Environment)				
Regents Chemistry				
Regents Physics				

<b>Advcd. Placement Course</b>	<b># Enrolled</b>	<b># Taking AP Exam</b>	<b># Passing AP Exam</b>	<b># Earning AP Credit</b>
AP Physics				
AP Chemistry				
AP Biology				
AP Environmental Science				

<b>College Level Science Courses: Course Title</b>	<b># of Students Enrolled in the Course</b>	<b># of Credits Attempted</b>	<b># of Credits Earned</b>

**TABLE 13: AVERAGE SAT BY ETHNICITY AND GENDER**

Race/Ethnicity	MALE			FEMALE			TOTAL						
	#	Avg. Verbal	Avg. Math	Avg. Writing	#	Avg. Verbal	Avg. Math	Avg. Writing	#	Avg. Verbal	Avg. Math	Avg. Writing	Avg. Combined
African American													
Hispanic/Latino													
Native American Indian/ Alaskan Native													
White, non-Hispanic													
Asian/Pacific Islander													
Other													

**Note: The average of the Verbal, Writing and Math cannot exceed 800. The average combined score cannot exceed 2400.**

**TABLE 14: PLACEMENT OF 2009-2010 GRADUATES**

MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED

Please list whether the graduate is an Advanced Regents, Regents, or Other diploma. Please do not list them as both advanced and regular regents.

<b>PLACEMENT BY EXPRESSED INTENTION</b>							
Name of Graduate	Advanced Regents Diploma Yes/No	Regents Diploma Awarded Yes/No	Name of Postsecondary Institution if applicable	Institution Located in NYS	Community College	Senior College	Program of Study
<b>TOTAL/GRAND TOTALS</b>							

Total # of Students in STEP Related Major: \_\_\_\_\_

**TABLE 15: STEP PROJECT OUTCOMES**

Complete the matrix below. For items 1-6, use the data recorded on Tables 10A, 11, 12, 13 and 14.

Contracted student enrollment: \_\_\_\_\_ Actual student enrollment: \_\_\_\_\_

Item	# of Students Meeting the Objective	# of Eligible Students
1.) Students that earned advanced regent diploma.		
2.) 8th grade students scoring in levels 3 and 4 for math and science exams.		
3.) Students taking Advanced Placement (AP), honors, and/or college level math and science coursework.		
4.) Students planning to attend college.		
5.) Students planning to major in a STEP-targeted field.		

**TABLE 15A: STEP PROJECT OUTCOMES**

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 16: STEP PROJECT ABSTRACT**

Institution Name: \_\_\_\_\_

Grade Levels Served: \_\_\_\_\_

Summer Program: Yes \_\_\_ No \_\_\_

Academic Year Program: Yes \_\_\_ No \_\_\_

Student Enrollment 2009-2010: \_\_\_\_\_

In the space below, provide a project abstract that summarizes the purpose, primary objectives and outcomes of the project. Refer to your institution's proposal in preparing the project abstract.

**TABLE 17: DAY(S) OF SERVICE SUMMARY**

<b>Date of Visit</b>	<b>School</b>	<b>Principal</b>	<b># of Volunteers</b>	<b>#of classes visited</b>	<b># of student contacts</b>
<b>TOTALS</b>					

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

<b>Institution Name</b>	<b>Program (STEP and/or CSTEP)</b>

**TABLE 17A: 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: FINAL EXPENDITURE SUMMARY**

Line No.	Expenditure Category	Code	STEP (1)	Institution (2)	Other Sources (3)	TOTAL (4)
1	<b>Salaries for Professional Personnel</b>	15				
2	<b>Salaries for Non-Professional Personnel</b>	16				
	a. Clerical/Secretarial					
	b. Student Assistants					
	c. Other					
3	<b>Purchased Services</b>	40				
4	<b>Supplies &amp; Materials</b>	45				
	a. Instructional					
	b. Other					
5	<b>Travel Expenses</b>	46				
	a. Student/Programmatic					
	b. Staff/Administrative					
6	<b>Employee Benefits</b>	80				
	a. Professional____%					
	b. Clerical/Secretarial____%					
	c. Student Assistants____%					
	d. Other____%					
7	<b>SUBTOTAL of Lines 1-6</b>					
8	<b>Indirect Cost*</b>	90				
9	<b>BOCES Services</b>	49				
10	<b>Minor Remodeling</b>	30				
11	<b>Equipment</b>	20				
12	<b>GRAND TOTAL (Lines 7 - 11)</b>					

\*Expenditures for Indirect Cost may not exceed 8% of STEP funds (col. 1, line 7).