

DUE DATE: January 15 , 2000

TEACHER EDUCATION PROGRAM COMPLETERS--1998-99

Institution Name	SEDCODE:
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THE INFORMATION PROVIDED ON THIS FORM SHOULD CONTAIN DATA FOR ONLY THE INSTITUTION LISTED ABOVE. If multi-campus institutions have questions concerning which branches to include, please contact New York State Education Department (NYSED) staff at heds@mail.nysed.gov or telephone the numbers listed below.

You may provide the requested information by:

1. Downloading and completing the Excel spreadsheet from www.highered.nysed.gov/oris/ (case sensitive). Go to the data forms section of the website.
2. A list of all teacher education programs active at your institution is attached to assist you in completing this form.
3. **Do not return the paper form.** Please rename the spreadsheet (HEA followed by your 8 digit SEDCODE) and mail a diskette containing the completed spreadsheet to:

NYS Education Department
Office of Research and Information Systems
Room 971 EBA
Albany, NY 12234

- A copy of the completed form/file should be retained in your files should the need for clarification arise.
- If you anticipate a delay in returning this form or have questions regarding its completion, please contact the Office of Research and Information Systems at:

→ E-Mail: HEDS@mail.nysed.gov
→ Fax: (518) 474-1907
→ Phone: (518) 474-5091

PLEASE KEEP THIS PAGE AND RETURN WITH THE FILE.

DUE DATE: January 15, 2000

Form Processing Information

Form:	TEACHER EDUCATION PROGRAM COMPLETERS
SEDCODE:	
Institution Name:	

Respondent Information

Name:			
Title:			
Telephone: ()	Ext.	Facsimile No.: ()	Ext.
E-Mail Address:			

TOTAL -- (Check box if all applicable branch campuses are included)

Otherwise, list branches below

List branch campuses included:	List <i>applicable</i> branch campuses not included:

Indicate **Time Required** to retrieve information from files and complete this form.

Hours spent by all staff (whole numbers)	
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Note and Explanations regarding data provided and/or comments about this form and its completion.

Check here and continue comments on reverse side, if necessary.

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TEACHER EDUCATION PROGRAM COMPLETERS--1998-99

Institution Name:	
PART A: SUMMARY OF TEACHER EDUCATION PROGRAMS	
<i>IMPORTANT: Please duplicate this page as needed to report each registered teacher education program offered at your institution.</i>	
IRP Program Code:	Name of Registered Program:
Line No.	TESTING REQUIRED BY YOUR INSTITUTION
	(See instructions for clarification) <i>If</i> Not requiredN Required For Entry.....E Required For Completion.....C <i>Enter</i>
	TEST
1	ATS-W
2	LAST
ENROLLMENT AND COMPLETIONS	
3	Total Enrolled (matriculated in program) - Fall 1998
4	Total Number Completers - 1998-99
STUDENTS IN SUPERVISED STUDENT TEACHING in 1998-99	
5	No. of Students in Student Teaching
6	Average Hours/Week in Supervised Student Teaching
7	Average Number of Weeks Spent Student Teaching
FACULTY SUPERVISING STUDENT TEACHING	
8	Full-time at Institution & Full-time in Student Teaching Supervision
9	Full-time at Institution & Part-time in Student Teaching Supervision
10	Part-time at Institution and in Student Teaching Supervision
11	Supervision Workload: Average number of students supervised per credit taught

¹ NYSED has validated the use of the LAST and ATS-W only for certification decisions. Use for program entry or exit should be based on additional, local studies that demonstrate validity for such purpose(s). Results of the studies should be publicly available.

DUE DATE: January 15, 2000

Institution Name:				
PART B: COMPLETER DATA SECTION				
<i>Complete a <u>separate</u> form for <u>each</u> individual who completed (see instructions) a teacher education program at your institution during the 1998-99 year (July 1, 1998 to June 30, 1999). <u>[Duplicate this page as needed for each completer.]</u></i>				
Line No.				
1	Name	Last	First	Initial
2	Partial Social Security Number	[X X X - X _ - _ _ _ _]		
3	Date of Birth: [MM/DD/YY]	[_ _ - _ _ - _ _]		
4	Program Name			
5	IRP Program Code			
6	Completion Date: [MM/DD/YY]	[_ _ - _ _ - _ _]		
7	Degree Granted: [Check (✓)]	<input type="checkbox"/> Associate	<input type="checkbox"/> Other Credential	
		<input type="checkbox"/> Bachelor's	<input type="checkbox"/> No Degree	
		<input type="checkbox"/> Masters		

Teaching Certificate(s) for which the program prepared this completer. Record certificate area(s) or state/jurisdiction using the list in Attachment I.

If None, check here:

Line No.	Code	Area of Certificate or State/Jurisdiction
NYS Provisional Certificate		
8		
9		
10		
NYS Permanent Certificate		
11		
12		
13		
Other State/Jurisdiction Code		
14		
15		
16		
17		
18		
19		

DUE DATE: January 15, 2000

**TEACHER EDUCATION PROGRAM COMPLETERS
1998-99**

This form has been developed to meet the requirements of both State Regulations (8NYCRR §52.21) and Federal Law 20 USC reporting requirements regarding test results for individuals completing programs preparing them to be teachers. States are required to report both state and institutional data to the federal government. Data reported on this form will be supplemented with results from New York's certification tests.

The form contains two parts:

- 1) PART A - reports a summary of each of the institution's teacher education programs, including admissions, enrollment, completions and faculty by program.
- 2) PART B - reports data on each individual who completed a teacher education program

You may provide the requested information by:

1. Downloading and completing the Excel spreadsheet from www.highered.nysed.gov/oris/ (case sensitive). Go to the data forms section of the website. **Do not return the paper form.**
2. This form should be completed for all teacher education programs active at your institution. A list of all teacher education programs active at your institution is attached to assist you in completing this form.
3. Please rename the spreadsheet (HEA followed by your 8 digit SEDCODE) and mail a diskette containing the completed spreadsheet to:

NYS Education Department
Office of Research and Information Systems
Room 971 EBA
Albany, NY 12234

A copy of this form should be retained in your files in the event your institution needs to be contacted for clarification. If you have any questions about completing this form, or need additional copies, please call (518) 474-5091, fax(518) 474-1907 or e-mail the request to HEDS@mail.nysed.gov. If you anticipate a delay in returning the form by the due date and/or require a reasonable extension in time, a written notification/request should be submitted prior to the due date; the reason for the delay and the anticipated submission date should be included. This correspondence can be mailed, e-mailed, or faxed to the addresses listed above.

INSTRUCTIONS

General:

1. Include all registered teacher education programs offered by the institution .
2. Exclude programs offered at campuses in states other than New York State.
3. In the Completer Data Section (Part B), complete a separate record for each individual who completed a teacher education program at your institution during the reporting period.
4. Program completers include the following for some teacher education programs:
 - ▶ Individuals who have completed a teacher education program yet were not recommended for and did not apply for a New York State teaching certificate.
 - ▶ Individuals (second-career candidates or those who already have a degree) may complete a program without receiving a degree.
 - ▶ Individuals may complete programs leading to certification in more than one area.

Specific:

1. PART A: SUMMARY OF TEACHER EDUCATION PROGRAMS - Lines 1-10:

Complete the (5-digit) Inventory of Registered Programs (IRP) code for each of your institution's teacher education programs. [A listing of teacher education programs active at your institution – with IRP codes -- is provided in the mailing with this form] If you have a program not included on this list, the IRP is available at www.nysed.gov/heds/IRPSL1.html.

Complete the name of the registered program corresponding to the IRP code.

TESTING REQUIREMENTS

While the tests included in this section are required for certification, this section is asking whether they are required by the institution as a program requirement for entry or completion. NYSED has validated the use of the LAST and ATS-W only for certification decisions. Use for program entry or exit should be based on additional, local studies that demonstrate validity for such purpose(s). Results of the studies should be publicly available.

Line 1

- If a Written Assessment of Teaching Skills (ATS-W) test, either the elementary or secondary version, is **not required** enter an **N**;
- If a Written Assessment of Teaching Skills (ATS-W) test, either the elementary or secondary version, is **is required for entry** into the program enter an **E**;
- If a Written Assessment of Teaching Skills (ATS-W) test, either the elementary or secondary version, is **is required for completion** of the program enter an **C**;

Line 2:

- If a Liberal Arts and Sciences Test (LAST) is **not required** enter an **N**;
- If a Liberal Arts and Sciences Test (LAST) is **is required for entry** into the program enter an **E**;
- If a Liberal Arts and Sciences Test (LAST) is **is required for completion** of the program enter an **C**;

ENROLLMENT AND COMPLETIONS

Line 3: Report the number of students enrolled (matriculated) in the program (Column 2) during the Fall 1998 semester.

Line 4: Report the total number students who successfully completed the program during the academic year (July1, 1998 to June30, 1999).

STUDENTS IN SUPERVISED STUDENT TEACHING IN 1998-99

Line 5: Report the number of students engaged in student teaching during the academic year. See Definitions for who to include in student teaching. This is the sum of enrollments in each term of the academic year and may not be an unduplicated count of students.

Line 6: Report the average hours/week spent by students in supervised student teaching.

Line 7: Report the average number of weeks spent in student teaching during the academic year for all students engaged in supervised student teaching.

FACULTY SUPERVISING STUDENT TEACHING

Line 8: Report the number of faculty who supervised one or more student teachers during the academic year and who were both full-time at the institution and full-time in the supervision of student teachers.

Line 9: Report the number of faculty who supervised one or more student teachers during the academic year and who were both full-time at the institution and part-time in the supervision of student teachers

Line 10: Report the number of faculty who supervised one or more student teachers during the academic year and who were part-time at the institution.

Line 11: Report the total number of students supervised in this program divided by the workload of all faculty supervising students in this program. Workload is defined as the total number of credits these faculty are responsible for teaching during the academic year across all programs at the institution not just this program.

2. PART B: COMPLETER DATA SECTION - Lines 1 - 19

Lines 1-19 - Complete a separate record for each individual completer.

Line 1 - Enter the full name of the completer

Line 2 - Enter the last five digits of the completer's social security number
(A partial social security number is used for security reasons.)

Line 3 - Enter the date of birth of the completer.

Line 4 - Report the name of the program completed.

Line 5 - Report the IRP code for the program completed.

Line 6 - Report the date that the student completed the program.

Line 7 - Report the specific degree or other credential (e.g., certificate of completion or certificate of advanced study) awarded to the individual. For instance, if the certificate program completed does not result in a degree, check "other credential". In the spreadsheet use the following codes:

- A = Associate
- B = Bachelor's
- M = Masters
- O = Other Credential
- N = No Degree

Lines 8-19 - Report the certificate for which the individual was prepared. Refer to the appended list of certificates in Attachment I. Multiple lines are provided in case the individual was prepared for more than one certificate area.

DEFINITIONS

Program or Curriculum - means the formal educational requirements necessary to qualify for degrees or certificates of completion. A program or curriculum includes general education or specialized study in depth in a particular field, or both.

Program Completers - Program completers include the following for some teacher education programs:

- ▶ Individuals who have completed a teacher education program yet were not recommended for and did not apply for a New York State teaching certificate.
- ▶ Individuals (second-career candidates or those who already have a degree) may complete a program without receiving a degree.
- ▶ Individuals may complete programs leading to certification in more than one area.

Student Teaching - Include students who are enrolled in traditional student teaching assignments, students enrolled in Internship Credential programs, and students enrolled in teacher preparation programs while employed as a teacher on an emergency permit and completing an equivalent student teaching experience in their own classroom with supervision provided by college/university faculty.

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<u>Code</u>	<u>Titles, Grouped</u>	<u>Code</u>	<u>Titles, Grouped</u>
	<i>Elementary (N-6 or PreK-6)</i>		<i>Reading</i>
3011	PRE K-6	7060	READING TEACHER
3010	N-6		<i>Art</i>
3012	EARLY CHILD (PK3) ANNO	6010	ART
	<i>Elementary with 7-12 extension in an academic subject</i>		<i>Dance</i>
4010	N-6 & ENGLISH 7-9	6200	DANCE
5381	PK-6 & ENGLISH 7-9 EXT		<i>Health</i>
4029	N-6 & FRENCH 7-9	6120	HEALTH
5386	PK-6 & FRENCH 7-9 EXT		<i>Music</i>
5385	PK-6 & GERMAN 7-9 EXT	6150	MUSIC
4021	N-6 & SPANISH 7-9		<i>Physical Education</i>
5387	PK-6 & SPANISH 7-9 EXT	6160	PHYSICAL EDUCATION
4030	N-6 & GENL SCIENCE 7-9	6180	RECREATION
5373	PK-6 & BIOLOGY 7-9 EXT		<i>Speech</i>
5374	PK-6 BIO GENSCI 7-9EXT	6190	SPEECH
5375	PK6 CHEM GENSCI 7-9EXT		<i>School Media Specialist</i>
5377	PK-6 EARTH SCI 7-9 EXT	7040	SCH MEDIA SPEC (LIB)
5378	PK6 EARTH/GENSC 7-9EXT	7030	SCH MEDIA SPECIALIST
4040	N-6 & MATHEMATICS 7-9	7050	SCH MED SPEC (ED COMM)
5382	PK-6 & MATH 7-9 EXT		<i>School Admin. and Supervision</i>
4050	N-6 & SOCIAL STUD. 7-9	1180	SCHOOL ADM & SUPV
5383	PK-6 SOC STUD 7-9 EXT		<i>School District Administrator</i>
	<i>English</i>	1010	SCHOOL DISTRICT ADMIN
5100	ENGLISH 7-12		<i>School Business Administrator</i>
5101	ENGLISH 7-9 EXTENSION	1040	SCHOOL BUSINESS ADMIN
	<i>Languages</i>		<i>School Counselor</i>
5140	FRENCH 7-12	2030	SCHOOL COUNSELOR
5170	GERMAN 7-12		<i>School Psychologist</i>
5200	ITALIAN 7-12	2070	SCHOOL PSYCHOLOGIST
5180	RUSSIAN 7-12		<i>School Social Worker</i>
5150	SPANISH 7-12	2080	SCHOOL SOCIAL WORKER
9996	(Other languages--Please specify.)		<i>Business and Distributive Education</i>
	<i>Mathematics</i>	6023	BUSINESS & DIST EDUC
5130	MATHEMATICS 7-12	6020	BUSINESS EDUCATION
5131	MATHEMATICS 5-6 EXT		<i>Home Economics</i>
	<i>Biology</i>	6130	HOME ECONOMICS
5020	BIOLOGY & GEN SCI 7-12		<i>Technology Education</i>
5010	BIOLOGY 7-12	6141	TECHNOLOGY EDUCATION
	<i>Chemistry</i>		<i>Other Occupational and Trade Areas</i>
5040	CHEM & GENL SCI 7-12	8010	AGRICULTURE
5030	CHEMISTRY 7-12	8360	AUTOMOTIVE MECHANIC
	<i>Earth Science</i>	8381	CARPENTRY
5080	EARTH SC & GEN SC 7-12	8117	CONSTRUCT-ELECTRICAL
5070	EARTH SCIENCE 7-12	8980	COOR COOP WRK/STD PROG
	<i>Physics</i>	8471	COSMETOLOGY
5060	PHYSICS & GEN SCI 7-12	8200	DENTAL ASSISTING
5050	PHYSICS 7-12	8210	DENTAL LABORATORY ASST
	<i>Social Studies</i>	8392	DRAFTING
5110	SOCIAL STUDIES 7-12	8139	ELECTRICAL-ELECT TECH
5111	SOCIAL STUDIES 5-6 EXT	8132	FOOD AND NUTRITION
	<i>English to Speakers of Other Languages (ESOL)</i>	8730	FOOD SERVICES
7080	ENG TO SPKRS OTH LANGS	8120	MACH TOOL OP/MACH SHOP
	<i>Special Education</i>	8116	PLUMBING
9010	SPECIAL EDUCATION	8112	PROF PHOTOGRAPHY
9140	BLIND AND PART SIGHTED	8130	PUBLIC AND PRIVATE SEC
9150	DEAF AND HEAR IMPRD	8102	VEHICLE MECHANICAL REP
9020	SPEECH & HEARING HAND	9997	(Other occupational/trade titles-- Please specify.)
			<i>Other</i>
		9998	(Other titles not listed above--Please specify.)

STATE CODES

01	Alaska	28	Nevada
02	Alabama	29	North Carolina
03	Arkansas	30	North Dakota
04	Arizona	31	New Hampshire
05	California	32	New Jersey
06	Colorado	33	New Mexico
07	Connecticut	34	New York
08	Delaware	35	Ohio
09	Florida	36	Oklahoma
10	Georgia	37	Oregon
11	Hawaii	38	Pennsylvania
12	Iowa	39	Rhode Island
13	Idaho	40	South Carolina
14	Illinois	41	South Dakota
15	Indiana	42	Tennessee
16	Kansas	43	Texas
17	Kentucky	44	Utah
18	Louisiana	45	Virginia
19	Maine	46	Vermont
20	Maryland	47	Washington
21	Massachusetts	48	West Virginia
22	Michigan	49	Wisconsin
23	Minnesota	50	Wyoming
24	Missouri		
25	Mississippi	51	District of Columbia
26	Montana	52	Puerto Rico
27	Nebraska	53	U.S. Virgin Islands
		63	Canada