

DUE DECEMBER 15, 2007

<p align="center">PERSONNEL DEVELOPMENT FOR SPECIAL EDUCATION AND RELATED SERVICES IN SELECTED AREAS- FALL 2007</p>

Purpose: The purpose of this form is to assist the New York State Education Department in identifying personnel needs associated with the provision of special education and related services pursuant to the Individuals with Disabilities Education Act (IDEA) as reauthorized in 2004. The Department will use the data to inform and justify program initiatives to address possible provider shortages under consideration. It will also use the data to respond to requests for letters of support from institutions of higher education (IHEs) applying for federal personnel preparation grants.

Content: This form collects information on students seeking their initial certificates/licenses and enrolled during fall 2007 in certification and license areas of special education, TESOL, and related services.

We will separately request contact information for each title for which your institution has a registered program in order to follow up with questions about your submission and increase the accuracy of data on bilingual versus monolingual candidates. You will be sent a list of the contact information that we have on file for the deans, department chairs, or program directors whom you have contacted to complete this form. When received please update these contacts. Each of these persons may receive follow-up calls from the Bilingual Special Education University Improvement Project.

Return to: Complete the online form at the ORIS website on or before **December 15, 2007:** <http://www.highered.nysed.gov/oris/forms/07-08/ny2h107htm> (Follow Data Collection Forms links.) Please print and retain a hard copy in case we need to contact you.

Assistance: If you have questions about completing the form or to request an extension, call (518) 474-5091 or email HEDS@mail.nysed.gov.

Applicable to: All institutions offering programs in the following certification/licensure areas:

Certification Areas

- Teaching Students with Disabilities, Birth - Grade 2
- Teaching Students with Disabilities, Birth - Grade 2, bilingual extension
- Teaching Students with Disabilities, Grades 1 - 6
- Teaching Students with Disabilities, Grades 1 - 6, bilingual extension
- Teaching Students with Disabilities, Birth-Grade 2 & Grades 1-6
- Teaching Students with Disabilities, Grades 5 - 9
- Teaching Students with Disabilities, Grades 5 - 9, bilingual extension
- Teaching Students with Disabilities, Grades 7 - 12
- Teaching Students with Disabilities, Grades 7 - 12, bilingual extension

- Deaf or Hard of Hearing
- Deaf or Hard of Hearing, Bilingual Extension

Blind or Visually Impaired
 Blind or Visually Impaired, Bilingual Extension
 English to Speakers of Other Languages
 Speech and Language Disabilities
 Speech and Language Disabilities, Bilingual Extension
 School Psychologist
 School Psychologist, Bilingual Extension

Licensure Areas

Occupational Therapy
 Physical Therapy
 Psychology
 Psychology, Bilingual*
 Speech-Language Pathology
 Speech-Language Pathology, Bilingual *

*Include those candidates who are competent in languages other than English.

INSTRUCTIONS

General: Designed to collect information about students preparing to enter the teaching workforce, this form targets students seeking their **initial certificate or license** in the above areas and examines plans and resources needed for increasing the capacity of these programs. Plans and resources needed to increase capacity require detailed information about the programs and current enrollment that can only be provided by department chairs or program directors. Please be sure to list the personnel in these offices on the contact list for your IHE which will be provided to your HEDS coordinator under separate cover so that follow up efforts can be directed to their attention.

The form has three sections. Report students completing and enrolled in baccalaureate programs as undergraduates in Section 1. Report students completing and enrolled in master’s, doctoral, or graduate certificate programs as graduates in Section 2. Report students completing and enrolled in “bilingual extension only” programs separately in Section 3. **Do not include general education teachers seeking bilingual extensions. Please ask department chairs or program directors to ascertain the base certificates to which students are seeking bilingual extensions.**

Some programs are designed only for students seeking an initial certificate or students seeking a professional certificate. Other programs serve both purposes. If you have a program that serves both purposes and have no other way to identify those students seeking initial certificates, then include all students in that program on this form.

Programs may also lead to more than one certificate title depending on how the student focuses his/her work within the program. If there is no way to identify the student’s intended certificate within one of these programs, count the student under the most general certificate title within those that the program may lead to, **BUT ALSO PLAN FOR THE COLLECTION OF EACH STUDENT’S INTENDED CERTIFICATE SO THAT YOU WILL BE ABLE TO REPORT IT NEXT YEAR.**

*Specific: Program Completers: For each certification or licensure area, report the total number of completers in the preceding year (July 1, 2006 to June 30, 2007).

Undergraduate Enrollment: For each certification or licensure area, report the total number of candidates (full and part-time) enrolled in undergraduate **coursework** in fall 2007. **Please contact the appropriate department chairs or program directors to ensure the accuracy of this information for bilingual versus monolingual candidates.**

Capacity Data: Capacity data is requested for major title areas and for monolingual and bilingual programs. Desire to increase capacity for specific developmental levels is requested, but the amount of unused capacity is not requested for each developmental level.

Undergraduate Capacity: **Please contact the appropriate department chairs or program directors for this information.** In the appropriate column, record unused capacity (seats available **through the use of existing resources for the program area**) in the undergraduate certification/licensure program. Also indicate whether you want to increase capacity (Y/N) and if yes, identify whether you will need additional: (a) applicants, (b) faculty, (c) facilities and/or (d) fiscal resources. Check all that apply.

Graduate Enrollment: For each certification or licensure area, report the total number of candidates (full and part-time) enrolled in graduate **coursework** in fall 2007. In the appropriate column, report the number of graduate students currently employed in public or non-public schools in each certification/licensure area. *

Graduate Capacity: **Please contact the appropriate department chairs or program directors for this information.** In the appropriate column, record the unused capacity in the graduate certification/licensure area. In column E, indicate whether department chairs or program directors want to increase capacity (Y/N) and if yes, in column F, identify whether additional (a) applicants, (b) faculty, (c) facilities and/or (d) fiscal resources will be needed. Check all that apply.

Bilingual Education Extension (Only): Institutions may offer a program leading to a bilingual certificate extension to students **not enrolled in a degree program**. **Report these students under Bilingual Extensions (Only)**. Identify students enrolled in a degree program and completing coursework leading to a bilingual education extension **under the degree program** and the certification/licensure area labeled 'bilingual' (i.e.; 'Teaching Students with Disabilities: Birth - Grade 2, Bilingual Extension') in Sections 1 and 2. **Do not report general education teachers seeking bilingual extensions.**

Bilingual Education Extension (Only) Enrollment: In column B, for each of the selected certification or licensure areas, report the total number of students (full and part-time) enrolled in fall 2007 who are **not in a degree program but are taking coursework to earn a bilingual certificate extension**. For column C, report the number of these students employed in public schools. * Report the number of column B students employed in non-public schools in column D. All students reported in columns C and D should also be reported in column B. Do not include general education teachers seeking bilingual extensions.

* Student employed in a public or non-public school: A student currently employed in a public or non-public pre-school, elementary, middle or secondary school in the State of New York in the licensure/certification area reported.

Bilingual Education Extension (Only) Capacity: In column E, record the unused capacity in the certification/licensure program. In column F, indicate whether program managers want to increase capacity (Y/N) and if yes, in column G, identify whether additional (a) applicants, (b) faculty, (c) facilities and/or (d) fiscal resources will be needed. Check all that apply.

**Personnel Development for Special Education and Related Services in Selected Areas, Fall 2007
Form Processing Information**

SED CODE:	
Institution Name:	

Respondent Information

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

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

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

IMPORTANT: PLEASE RETURN ALL PAGES EXCEPT INSTRUCTIONS EVEN IF THEY CONTAIN NO DATA

**Personnel Development for Special Education and Related Services in Selected Areas, Fall 2007
ENROLLMENT / CAPACITY**

Institution Name:							
Section 1: Taking Undergraduate Coursework in Initial Certificate/Professional Programs							
Selected Certification/ Licensure Areas	Title Code	Line No.	Enrollment		Capacity		
			Number of program completers in past 12 months (A)	Total (Full- and Part- Time) (B)	Unused Capacity (Seats) (C)	Want to increase? Y / N (D)	To increase, would you require more (check all that apply): (E)
Teaching Certificates							
<u>Students With Disabilities, Monolingual, Total</u>		1					() Applicants () Faculty () Facilities () Fiscal Resources
Birth - Grade 2	9013	1.1					() Applicants () Faculty () Facilities () Fiscal Resources
Grades 1 – 6	9014	1.3					() Applicants () Faculty () Facilities () Fiscal Resources
Birth - Grade 2 & Grades 1-6	9013&9014	1.5					() Applicants () Faculty () Facilities () Fiscal Resources
Grades 1-6 & Grades 5-9	9014&9015	1.55					() Applicants () Faculty () Facilities () Fiscal Resources
Grades 5 - 9	9015, 9022- 9044	1.6					() Applicants () Faculty () Facilities () Fiscal Resources
Grades 7 - 12	9045-9068	1.8					() Applicants () Faculty () Facilities () Fiscal Resources
<u>Students With Disabilities, Bilingual, Total</u>		1					() Applicants () Faculty () Facilities () Fiscal Resources
Birth - Grade 2, Bilingual Ext.	9013&7093	1.2					() Applicants () Faculty () Facilities () Fiscal Resources
Grades 1 - 6, Bilingual Ext.	9014&7093	1.4					() Applicants () Faculty () Facilities () Fiscal Resources
Grades 5 - 9, Bilingual Ext.	9015, 9022- 9044&7093	1.7					() Applicants () Faculty () Facilities () Fiscal Resources
Grades 7 - 12, Bilingual Ext.	9045-9068 & 7093	1.9					() Applicants () Faculty () Facilities () Fiscal Resources

Institution Name:							
Section 1: Taking Undergraduate Coursework in Initial Certificate/Professional Programs							
Selected Certification/ Licensure Areas	Title Code	Line No.	Enrollment		Capacity		
			Number of program completers in past 12 months (A)	Total (Full- and Part- Time) (B)	Unused Capacity (Seats) (C)	Want to increase? Y / N (D)	To increase, would you require more (check all that apply): (E)
Teaching Certificates							
<u>Deaf and Hard of Hearing, Total, 2.1-2.2</u>		2					
Deaf and Hard of Hearing	9017	2.1					() Applicants () Facilities () Faculty () Fiscal Resources
Deaf and Hard of Hearing, Bilingual Ext.	9017 & 7093	2.2					() Applicants () Facilities () Faculty () Fiscal Resources
<u>Blind or Visually Impaired, Total, 3.1-3.2</u>		3					
Blind or Visually Impaired	9018	3.1					() Applicants () Facilities () Faculty () Fiscal Resources
Blind or Visually Impaired, Bilingual Ext	9018 & 7093	3.2					() Applicants () Facilities () Faculty () Fiscal Resources
<u>Speech and Language Disabilities, Total, 4.1-4.2</u>		4					
Speech and Language Disabilities	9021	4.1					() Applicants () Facilities () Faculty () Fiscal Resources
Speech and Language Disabilities, Bilingual Ext	9021 & 7093	4.2					() Applicants () Facilities () Faculty () Fiscal Resources
<u>English to Speakers of Other Languages</u>		5					() Applicants () Facilities () Faculty () Fiscal Resources
Licensure Areas							
<u>Occupational Therapy</u>	NA	6					() Applicants () Facilities () Faculty () Fiscal Resources
<u>Physical Therapy</u>	NA	7					() Applicants () Facilities () Faculty () Fiscal Resources

Institution Name:									
Section 2: Taking Graduate Coursework in Initial Certificate/Professional Programs									
Selected Certification/ Licensure Areas	Title Code	Line #	Number of program complete rs in past 12 months (A)	Enrollment			Capacity		
				Total (Full and Part- Time) (B)	# Employed of Total in Col B		Unused Capacity (E)	Want to increase? Y / N (F)	To increase, would you require more (check all that apply): (G)
					In Public Schools (C)	In Non- Public Schools (D)			
Teaching Certificates									
<u>Students With Disabilities</u> <u>Monolingual, Total</u>		8							() Applicants () Facilities () Faculty () Fiscal Resources
Birth - Grade 2	9013	8.1							() Applicants () Facilities () Faculty () Fiscal Resources
Grades 1 – 6	9014	8.3							() Applicants () Facilities () Faculty () Fiscal Resources
Birth-Grade 2 & Grades 1-6	9013, 9014	8.5							() Applicants () Facilities () Faculty () Fiscal Resources
Grades 5 - 9	9015, 9022-9044	8.6							() Applicants () Facilities () Faculty () Fiscal Resources
Grades 7 - 12	9045-9068	8.8							() Applicants () Facilities () Faculty () Fiscal Resources
<u>Students With Disabilities</u> <u>Bilingual, Total</u>		8							() Applicants () Facilities () Faculty () Fiscal Resources
Birth - Grade 2, Bilingual Ext	9013 & 7093	8.2							() Applicants () Facilities () Faculty () Fiscal Resources
Grades 1 - 6, Bilingual Ext.	9014 & 7093	8.4							() Applicants () Facilities () Faculty () Fiscal Resources
Grades 5 - 9, Bilingual Ext.	9015, 9022-9044 & 7093	8.7							() Applicants () Facilities () Faculty () Fiscal Resources

Institution Name:									
Section 2: Taking Graduate Coursework in Initial Certificate/Professional Programs									
Selected Certification/ Licensure Areas	Title Code	Line #	Number of program complete rs in past 12 months (A)	Enrollment			Capacity		
				Total (Full and Part- Time) (B)	# Employed of Total in Col B		Unused Capacity (E)	Want to increase? Y / N (F)	To increase, would you require more (check all that apply): (G)
					In Public Schools (C)	In Non- Public Schools (D)			
Grades 7 - 12, Bilingual Ext.	9045-9068 & 7093	8.9							

Teaching Certificates continued									
<u>Deaf and Hard of Hearing, Total, 9.1-9.2</u>		9							
Deaf and Hard of Hearing	9017	9.1							() Applicants () Facilities () Faculty () Fiscal Resources
Deaf and Hard of Hearing, Bilingual Ext.	9017 & 7093	9.2							() Applicants () Facilities () Faculty () Fiscal Resources
<u>Blind or Visually Impaired, Total, 10.1-10.2</u>		10							
Blind or Visually Impaired	9018	10.1							() Applicants () Facilities () Faculty () Fiscal Resources
Blind or Visually Impaired, Bilingual Ext	9018 & 7093	10.2							() Applicants () Facilities () Faculty () Fiscal Resources
<u>Speech and Language Disabilities, Total, 11.1-11.2</u>		11							
Speech and Language Disabilities*	9021	11.1							() Applicants () Facilities () Faculty () Fiscal Resources
Speech and Language Disabilities, with Bilingual Ext*	9021 & 7093	11.2							() Applicants () Facilities () Faculty () Fiscal Resources
* If your speech and language disabilities program leads to licensure, please report enrollment and capacity data on lines 19 to 19.2, not here (lines 11-11.2).									

Institution Name: _____

Section 2: Taking Graduate Coursework in Initial Certificate/Professional Programs

Selected Certification/ Licensure Areas	Title Code	Line #	Number of program complete rs in past 12 months (A)	Enrollment			Capacity		
				Total (Full and Part- Time) (B)	# Employed of Total in Col B		Unused Capacity (E)	Want to increase? Y / N (F)	To increase, would you require more (check all that apply): (G)
					In Public Schools (C)	In Non- Public Schools (D)			
<u>English to Speakers of Other Languages</u>	7080	12							() Applicants () Facilities () Faculty () Fiscal Resources
Pupil Personnel Services									
<u>School Psychologist, Total</u>		13							
School Psychologist	2070	13.1							() Applicants () Facilities () Faculty () Fiscal Resources
School Psychologist, with Bilingual Ext.	2070 & 7092	13.2							() Applicants () Facilities () Faculty () Fiscal Resources
Licensure Areas									
<u>Occupational Therapy</u>	NA	14							() Applicants () Facilities () Faculty () Fiscal Resources
<u>Physical Therapy</u>	NA	15							() Applicants () Facilities () Faculty () Fiscal Resources
<u>Psychology, Total</u>		16							
Psychology	NA	16.1							() Applicants () Facilities () Faculty () Fiscal Resources
Psychology, Bilingual	NA	16.2							() Applicants () Facilities () Faculty () Fiscal Resources
<u>Speech-Language Pathology, Total</u>		17							
Speech-Language Pathology	NA	17.1							() Applicants () Facilities () Faculty () Fiscal Resources
Speech-Language Pathology, Bilingual	NA	17.2							() Applicants () Facilities () Faculty () Fiscal Resources

Seeking Certificate and Licensure

Institution Name:									
Section 2: Taking Graduate Coursework in Initial Certificate/Professional Programs									
Selected Certification/ Licensure Areas	Title Code	Line #	Number of program complete rs in past 12 months (A)	Enrollment			Capacity		
				Total (Full and Part- Time) (B)	# Employed of Total in Col B		Unused Capacity (E)	Want to increase? Y / N (F)	To increase, would you require more (check all that apply): (G)
					In Public Schools (C)	In Non- Public Schools (D)			
<u>Speech-Language Pathology & Speech and Language, Total</u>		18							
Speech-Language Pathology & Speech and Language	NA & 9021	18.1							() Applicants () Facilities () Faculty () Fiscal Resources
Speech-Lang Path & Speech and Language, Bilingual	NA & 9021	18.2							() Applicants () Facilities () Faculty () Fiscal Resources

Institution Name:										
Section 3: Seeking Bilingual Extensions Only (Already Holding Base Certificate) Undergraduate and Graduate Coursework										
Selected Areas	Title Code	Line #	Number of program completers in past 12 months (A)	Enrollment			Capacity			
				Total (Full and Part-Time) (B)	# Employed of Total in Col B		Unused Capacity (E)	Plan to increase? Y / N (F)	To increase, do you require more (check all that apply): (G)	
					In Public Schools (C)	In Non-Public Schools (D)				
<u>Bilingual Extension for Students w/Disabilities, Total</u>		19							<input type="checkbox"/> Applicants <input type="checkbox"/> Facilities <input type="checkbox"/> Faculty <input type="checkbox"/> Fiscal Resources	
Birth-Grade 2 (9013)	7093	19.1							<input type="checkbox"/> Applicants <input type="checkbox"/> Facilities <input type="checkbox"/> Faculty <input type="checkbox"/> Fiscal Resources	
Grades 1 – 6 (9014)	7093	19.2							<input type="checkbox"/> Applicants <input type="checkbox"/> Facilities <input type="checkbox"/> Faculty <input type="checkbox"/> Fiscal Resources	
Grades 5 – 9 (9015, 9022-9044)	7093	19.3							<input type="checkbox"/> Applicants <input type="checkbox"/> Facilities <input type="checkbox"/> Faculty <input type="checkbox"/> Fiscal Resources	
Grades 7 – 12 (9045-9068)	7093	19.4							<input type="checkbox"/> Applicants <input type="checkbox"/> Facilities <input type="checkbox"/> Faculty <input type="checkbox"/> Fiscal Resources	
<u>Bilingual Ext. of Deaf or Hard of Hearing (9017)</u>	7093	20							<input type="checkbox"/> Applicants <input type="checkbox"/> Facilities <input type="checkbox"/> Faculty <input type="checkbox"/> Fiscal Resources	
<u>Bilingual Ext. of Blind or Visually Impaired (9018)</u>	7093	21							<input type="checkbox"/> Applicants <input type="checkbox"/> Facilities <input type="checkbox"/> Faculty <input type="checkbox"/> Fiscal Resources	
<u>Bilingual Ext. of Speech and Language Disabilities (9022)</u>	7093	22							<input type="checkbox"/> Applicants <input type="checkbox"/> Facilities <input type="checkbox"/> Faculty <input type="checkbox"/> Fiscal Resources	
<u>Bilingual Ext. of School Psychologist (2070)</u>	7092	23							<input type="checkbox"/> Applicants <input type="checkbox"/> Facilities <input type="checkbox"/> Faculty <input type="checkbox"/> Fiscal Resources	

25. Do you have any additional comments regarding capacity?

