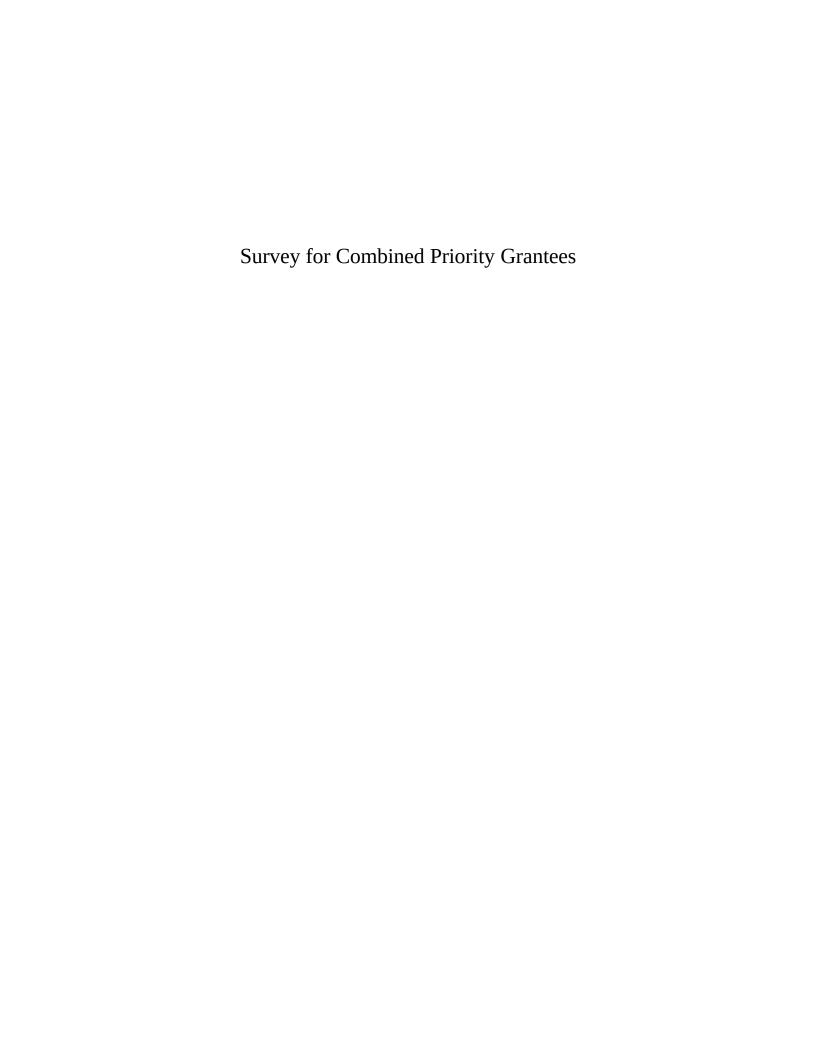
Appendix A

IHE Surveys



PERSONNEL DEVELOPMENT PROGRAM EVALUATION

IHE SURVEY

Name of Person Completing the Survey (Plea	se Print):
Title of Person Completing the Survey:	
Daytime Phone Number:	Fax Number:
Email:	

DIRECTIONS: The focus of this survey is the *course of study* for which you requested Personnel Development Program (PDP) funding in FY 2006 or FY 2007.

For the purposes of this survey, please think of a *course of study* as a set of courses to prepare candidates to perform a particular professional or paraprofessional role; this set of courses almost always results in a degree, a particular credential (i.e., license, certificate, or endorsement), or both. The setting of courses is another defining aspect of the course of study (e.g., on a particular campus, online).

The pre-printed label provides identifying information about the course of study for which you requested PDP funding. Westat staff extracted this information from your grant application.

_	NTED LABEL TO INCLUDE THE FOLLOWING INFORMATION:]
а.	Name of Institution:
b.	Application/Award Number:
<i>C</i> .	PDP Priority/Focus Area:
d.	PDP Competition Year:
e.	Project Title:
f.	Roles for which candidates would be prepared:
g.	Disability area:
h.	Degrees for which candidates would be prepared:
i.	Credentials for which candidates would be prepared:
j.	Setting:

This collection of information is this evaluation is authorized by the Individuals with Disabilities Education Act (IDEA) under Title I, Part D, Subpart 2, Section 663(c)(9); and Section 664(b)(2)(C). We stat will protect the confidentiality of all information collected for the study and will use it for evaluation purposes only. No information that identifies any study participant will be released, except as required by law. Information from participating institutions and respondents will be presented at aggregate levels in reports. All institution-level identifiable information will be kept in secured locations, and identifiers will be destroyed as soon as they are no longer required.

NOTICE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is XXXXXXXXX (expires XX/XX/XXXX). The time required to complete this information collection is estimated to average xxx minutes per response, including time to review instructions, search existing data sources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education, 555 New Jersey Ave., NW Washington, DC 20208.

- 1. At the time of your grant application, in what way was the course of study for which you requested funding related to an existing course of study? **Circle only one.**
 - a. Our grant application was intended to support or expand an existing course of study, with essentially the same central purpose. That is, the course of study for which we requested funding was in existence at the time of our application.
 - b. Our grant application was intended to fund a course of study that was built upon one or more existing courses of study but that differed from those existing courses of study in at least one of the following features: the role or roles for which candidates are prepared, the degrees or credentials candidates seek, or the setting. That is, the course of study for which we requested funding differed substantially from any existing course of study, but it was not completely new.
 - c. Our grant application was intended to create a completely new course of study. That is, the course of study for which we requested funding was not in existence at the time of our application, nor was the proposed course of study built upon an existing course of study.

NOTE: Throughout this survey, please consider the 2008-2009 academic year to run from approximately August 2008 to August 2009, thereby including activities during the summer of 2009 but not the summer of 2008.

- 2. Does the description on the pre-printed label accurately reflect the course of study *as it existed in the 2008–2009 academic year*?
 - a. Yes. \Rightarrow **Go to Item 4.**
 - b. No, the 2008-2009 course of study differed from what we proposed in our PDP grant application.
 - c. No, the label is inaccurate in describing what we proposed in our PDP grant application.
 - d. Both b and c.

- 3. Using the guidelines below, describe the course of study *as it existed in the 2008–2009 academic year*.
 - Review the description on the pre-printed label.
 - Revise the description on the lines below. Leave lines blank if the information is the same as what is reported on the pre-printed label.

a.	Name of Institution:
b.	Application/Award Number:
c.	PDP Priority/Focus Area:
d.	PDP Competition Year:
e.	Project Title:
f.	Role for which candidates were being prepared:
g.	Disability area:
h.	Degrees for which candidates were being prepared:
i.	Credentials for which candidates were being prepared:
i.	Setting (e.g., on a particular campus, online):

NOTES: Items 4 through 14 focus exclusively on the course of study *as it existed in the 2008-2009 academic year.*

4.	What were the criteria used to admit candidates into the course of study? Circle all that apply.
	 a. GPA. Specify minimum GPA, if applicable:
5.	Did the course of study include field-based training, clinical practice, or practicum?
	A. Yes. B. No. ⇒ Go to Item 9 .
6.	How many weeks of field-based training, clinical practice, or practicum were required for completion of the course of study? If more than one such experience is required, please provide the sum of the weeks required for each. Weeks
7.	On average, how many hours per week were required for field-based training, clinical practice, or practicum? Your response should equal the total number of field-based, clinical, or practicum hours required divided by the number of weeks reported in question 6. Hours per week

	Number of candidates	Grant support in academic year 2008-2009	
12	referenced on the 2008-2009 (incompression approximating to approximating the approximation approx	support, if any, did candidates in the course ne label at the beginning of the survey? Use luding summer 2009), or a convenient 12-mothat time period.	data from academic year
	Check this be	ox, if no minimum GPA was required: \Box	
11.		nimum GPA required for retention in and conimum GPA for retention and completion	ompletion of the course of study?
		Credit hours for coursework Credit hours for field-based training, clinical	practice, or practicum
10.		ours, how many were associated with course my type of field-based training, clinical prac	
		Semester hours (16 weeks) OR Quarter hours (10 weeks) OR Trimester hours (weeks) OR Other credit hours (describe:)
9.	Include hours for	nimum number of credit hours required to correlations and required coursework, field-based training the complete the most appropriate line below.	g, clinical practice, practicum,
	% % %	full-time tenured or tenure-track faculty full-time non-tenured and non-tenure-track f full-time staff part-time tenured or tenure-track faculty part-time non-tenured and non-tenure-track f part-time staff	-
8.		what percentages of all field-based training, or by faculty or staff in each of the following c	

receiving	Candidate	Smallest	Largest
monetary	average	amount for a	amount for a
support	(mean)	candidate	candidate
	\$	\$	\$

13. Excluding funds from the grant referenced on the label at the beginning of the survey, what monetary support, if any, did candidates in the course of study receive specifically because of their enrollment in this course of study? Use data from academic year 2008-2009 (including summer 2009), or a convenient 12-month period most closely approximating that time period.

Number of candidates	Grant support in academic year 2008-2009				
receiving monetary support	Candidate average (mean)	Smallest amount for a candidate	Largest amount for a candidate		
	\$	\$	\$		

14. Mark one box in each row to indicate the extent to which your course of study focused on each specified area in the 2008-2009 academic year. Use the "NA or Not at all" column if you had no focus on a specified area or if the specified area was not relevant to your course of study.

	Extent to which the course of study focus on the specified area in the 2008-2009 academic year			
Focus Area	NA <u>or</u> Not at all	Small extent	Moderate extent	Great extent
a. Highly qualified teacher (HQT) requirements of NCLB and IDEA				
b. Cooperation with SEAs, LEAs, or Part C lead agencies				
c. Integrated general/special education preparation				
d. Paraprofessional preparation				
e. State-identified needs for highly qualified personnel				
f. Use of evidence-based practices in service delivery				
g. Meeting certification, license, or endorsement requirements				
h. Specialized needs of children with disabilities from diverse cultural and linguistic backgrounds				
i. Extended field experiences or practica				
j. Field-based training in high-need communities				

	Extent to which the course of study focused on the specified area in the 2008-2009 academic year			
Focus Area	NA <u>or</u> Not at all	Small extent	Moderate extent	Great extent
k. Support systems for candidates to enhance retention and success in the program (e.g., tutors, mentors)				
l. Mentoring and induction for program graduates				
m. Cultural and linguistic diversity in recruiting candidates				
n. Collecting data on course of study quality				
o. Involvement of individuals with disabilities or their parents in the IHE's program planning, implementation, and evaluation				
p. Involvement of parents in their children's educational planning and service delivery				

15. Please list all courses within the course of study that are **new** or **significantly modified** since the time of your PDP grant application. List **all** new courses, even if they did not result from grant funding.

For Course Level, use the following codes: U = Undergraduate G = Graduate D = Doctoral.

	Course Code	Course Title	Course Level	No. of Credit Hours	Brief Description of Changes Made to Course
1.	EDU 202	Educational Psychology and Learning	U	3	New course
2.	EDU 605	Psychology of Disability	G	3	Added units covering psychological issues for individuals with moderate/severe mental retardation
3.					
4.					
5.					
6.					
7.					

	Course Code	Course Title	Course Level	No. of Credit Hours	Brief Description of Changes Made to Course
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

16.	In the table below, list changes in the course of study since the time of your PDP grant application. Do not list changes that are
	part of any new course listed in Item 14 above. Possible changes might include new training units or modules (including new
	field experiences), new recruitment plans, a new setting for an existing course of study (e.g., on a particular campus, online), a
	new mentoring program, or new faculty.

Description of Change	

17. Please provide enrollment and completion data for the course of study for each of the academic years listed below.

Note that candidates may be counted more than once across the columns and down the rows.

If you do not have data for a particular cell, write DK (don't know). Write "No Course of Study" across a row if the course of study did not exist for that particular year. Write NA in a column that does not apply to your course of study.

	Number of new	candidates the cours during the	umber of enrolled in e of study e academic ar		candidates or general certification	ear hi	ned a d gher de	legree (gree if	dates w count o candida nan one	only ate	Number of candidates who earned the license, certificate, endorsement, or
Academic Year	candidates in the course of study during the academic year	Full-time	Part-time	Prior general education certification	No prior general education certification	Associate's	Bachelor's	Master's	Doctorate	Other	other credential on which the course of study focused. Do not count degrees in this column.
2005-2006	[Note:	this row w	ill not app	ear for FY 2	007 respond	ents.]					
2006-2007											
2007-2008											
2008–2009											

18. Please list in the table below any standardized exams that candidates were required to take in order to demonstrate knowledge and skills for completion of the course of study. For all PRAXIS II exams, be sure to list the specific subject (e.g., PRAXIS II Special Education).

Write NA if the exam was not relevant for a particular year. Write DK if you don't know the information in any particular cell. Write "None Required" across the whole table if the course of study never required such an exam during this period.

		demic \ 005-20(demic \ 006-200			demic \ 007-200			demic ` 008-20(
Name of exam or measure	Number tested	Number passed	Average Score	Number tested	Number passed	Average Score	Number tested	Number passed	Average Score	Number tested	Number passed	Average Score
	— [Note: this column will not appear for FY 2007											
		ponden										

19. For the 2008-2009 academic year, please *estimate* how funds were allocated to your course of study from the PDP grant listed on the label.

Category	Estimated grant dollars allocated to the category during the 2008-2009 academic year
Funding for candidates	
Funding for faculty	
Development of curriculum or curriculum elements	
Other:	
Other:	
Other:	
Other:	
TOTAL	. :

- **20.** Do you have a formal data collection to collect information at least once a year from or about all candidates who have completed the course of study?
 - a. Yes
 - b. No ⇒ If you circled this response, you have completed the survey. Please return it in the envelope provided.
- **21.** How do you collect the data about your completers? **Circle all that apply.**
 - **a.** Paper survey of completers
 - **b.** Web survey of completers
 - **c.** Telephone survey of completers
 - **d.** Structured interviews with completers
 - **e.** Employer or supervisor survey
 - **f.** Structured interviews with supervisors
 - **g.** School district or state reports
 - **h.** Other _____

- **22.** Which of the following kinds of information do you collect from your program completers? **Circle all that apply.**
 - **a.** Usefulness of training
 - **b.** Satisfaction with training program
 - **c.** Employment status (employed/not employed)
 - **d.** Employment position
 - e. State or district where employed
 - **f.** Job performance
 - **g.** Certification status
 - **h.** Ages or grades of children served
 - i. Primary special education or related services area
 - **j.** Publications or presentations
 - **k.** Professional honors
 - **l.** Outcomes of student taught by program graduates
 - **m.** Program graduate job performance as rated by supervisor

n.	Other	

YOU HAVE COMPLETED THE SURVEY. THANK YOU.



PERSONNEL DEVELOPMENT PROGRAM EVALUATION

IHE SURVEY

Name of Person Completing the Survey (Please Print):								
Title of Person Completing the Survey:								
Daytime Phone Number:	Fax Number:							
Email:								

DIRECTIONS: The focus of this survey is the *course of study* for which you requested Personnel Development Program (PDP) funding in FY 2006 or FY 2007. For the purposes of this survey, please think of a *course of study* as a set of courses to prepare candidates to perform a particular professional or paraprofessional role; this set of courses almost always results in a degree, a particular credential (i.e., license, certificate, or endorsement), or both. The setting of courses is another defining aspect of the course of study (e.g. on a particular campus; online).

The pre-printed label below provides identifying information about the course of study for which you requested PDP funding. Westat staff extracted this information from your grant application.

	NTED LABEL TO INCLUDE THE FOLLOWING INFORMATION:]
k.	Name of Institution:
<i>l</i> .	Application/Award Number:
<i>m</i> .	PDP Priority/Focus Area:
n.	PDP Competition Year:
0.	Project Title:
p.	Roles for which candidates would be prepared:
q.	Disability area:
r.	Degrees for which candidates would be prepared:
S.	Credentials for which candidates would be prepared:
t.	Setting:

This collection of information is this evaluation is authorized by the Individuals with Disabilities Education Act (IDEA) under Title I, Part D, Subpart 2, Section 663(c)(9); and Section 664(b)(2)(C). Participation is voluntary. Westat will protect the confidentiality of all information collected for the study and will use it for evaluation purposes only. No information that identifies any study participant will be released, except as required by law. Information from participating institutions and respondents will be presented at aggregate levels in reports. All institution-level identifiable information will be kept in secured locations, and identifiers will be destroyed as soon as they are no longer required.

NOTICE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is XXXX-XXXX (expires XX/XX/XXXX). The time required to complete this information collection is estimated to average xxx minutes per response, including time to review instructions, search existing data sources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education, 555 New Jersey Ave., NW Washington, DC 20208.

- 1. At the time of your grant application, in what way was the course of study for which you requested funding related to an existing course of study? **Circle only one.**
 - a. Our grant application was intended to support or expand an existing course of study, with essentially the same central purpose. That is, the course of study for which we requested funding was in existence at the time of our application.

 → Go to Item 3.
 - b. Our grant application was intended to fund a course of study that was built upon one or more existing courses of study but that differed from those existing courses of study in at least one of the following features: the role or roles for which candidates are prepared, the degrees or credentials candidates seek, or the setting. That is, the course of study for which we requested funding differed substantially from any existing course of study, but it was not completely new.
 - c. Our grant application was intended to create a completely new course of study. That is, the course of study for which we requested funding was not in existence at the time of our application, nor was the proposed course of study built upon an existing course of study.
- 2. Your grant application was intended to develop a new course of study or a course of study that differed substantially from any existing course of study. The application was **not** funded. Which of the following occurred? **Circle only one.**
 - a. The course of study was not developed.

 ⇒ If you circled this response, you have completed the survey. Please return it in the envelope provided.
 - b. External sources of funding were used to develop the course of study. The amount of external funding was *equal to or greater than* the amount requested in our PDP grant application. ⇒ **Go to Item 5.**
 - c. External sources of funding were used to develop the course of study. The amount of external funding was *smaller* than the amount requested in our PDP grant application.

 ⇒ **Go to Item 4.**
 - d. The course of study was developed with no external funding. ⇒ **Go to Item 4.**
- 3. Your grant application was intended to support or expand an existing course of study, and the application was **not** funded. Which of the following occurred? **Circle only one.**
 - a. The course of study was eliminated. \Rightarrow **Go to Item 19.**
 - b. External sources of funding were used to support or expand the course of study. The amount of external funding was *equal to or greater than* the amount requested in our PDP grant application.

 → Go to Item 5.
 - c. External sources of funding were used to support or expand the course of study. The amount of external funding was *smaller* than the amount requested in our PDP grant application. **⇒ Go to Item 4.**
 - d. The course of study was maintained with no external funding. \Rightarrow **Go to Item 4.**

- 4. If the amount of external funding was *smaller* than the amount requested in your PDP grant application or you received no external funding, which of the following steps were implemented? **Circle all that apply**.
 - a. Candidates received less financial support than proposed.
 - b. Fewer candidates than proposed were admitted to the program.
 - c. The course of study included *fewer classes* than proposed.
 - d. Other, specify:
 - e. None of the above. The course of study was implemented completely as planned, despite the smaller amount or complete lack of external funding.

NOTE: Throughout this survey, please consider the 2008-2009 academic year to run from approximately August 2008 to August 2009, thereby including activities during the summer of 2009 but <u>not</u> the summer of 2008.

- 5. Does the description on the pre-printed label accurately reflect the course of study *as it existed in the 2008–2009 academic year*?
 - a. Yes. \Rightarrow **Go to Item 7.**
 - b. No, the 2008-2009 course of study differed from what we proposed in our PDP grant application.
 - c. No, the label is inaccurate in describing what we proposed in our PDP grant application.
 - d. Both b and c.

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- 6. Using the guidelines below, describe the course of study *as it existed in the 2008–2009 academic year*.
 - Review the description on the pre-printed label.
 - Revise the description on the lines below. Leave lines blank if the information is the same as what is reported on the pre-printed label.

j.	Name of Institution:
k.	Application/Award Number:
l.	PDP Priority/Focus Area:
m.	PDP Competition Year:
n.	Project Title:
0.	Role for which candidates were being prepared:
р.	Disability area:
q.	Degrees for which candidates were being prepared:
r.	Credentials for which candidates were being prepared:
i.	Setting (e.g., on a particular campus, online):

NOTE: Items 7 through **16** focus exclusively on the course of study *as it existed in the 2008-2009 academic year.*

apply.
a. GPA. Specify minimum GPA, if applicable: b. Past experience related to professional program c. Results of interview d. Review of preadmission portfolio e. Review of recommendation/reference letters f. Review of writing sample g. Statement of candidate's professional goals h. Prerequisite courses or fieldwork i. ACT score. Specify minimum score, if applicable: j. SAT score. Specify minimum score, if applicable: k. GRE score. Specify minimum, if applicable: l. PRAXIS I/Pre-Professional Skills Test (PPST) reading score. Specify minimum score, if applicable: m. PRAXIS I/PPST math scores. Specify minimum score, if applicable: o. Other tests, specify (including minimum score, if applicable): Dother, specify: Other, specify:
Did the course of study include field-based training, clinical practice, or practicum?
C. Yes D. No ⇒Go to Item 12.
How many weeks of field-based training, clinical practice, or practicum were required for completion of the course of study? If more than one such experience is required, please provide the sum of the weeks required for each. Weeks
On average, how many hours per week are required for field-based training, clinical practice, or practicum? Your response should equal the total number of field-based, clinical, or practicum hours required divided by the number of weeks reported in question 9. Hours per week

11.	Approximately what percentages of all field-based training, clinical practice, or practicum were supervised by faculty or staff in each of the following categories?
	% full-time tenured or tenure-track faculty% full-time non-tenured and non-tenure-track faculty% full-time staff% part-time tenured or tenure-track faculty% part-time non-tenured and non-tenure-track faculty% part-time staff%
12.	What was the minimum number of credit hours required to complete the course of study? Include hours for all required coursework, field-based training, clinical practice, practicum, and theses. Please complete the most appropriate line below.
	Semester hours (16 weeks) OR Quarter hours (10 weeks) OR Trimester hours (weeks) OR Other credit hours (describe:)
13.	Of those credit hours, how many are associated with coursework and how many are associated with any type of field-based training, clinical practice, or practicum?
	aCredit hours for courseworkbCredit hours for field-based training, clinical practice or practicum
14.	What was the minimum GPA required for retention in and completion of the course of study?
	Minimum GPA for retention and completion
	Check this box, if no minimum GPA was required: \Box

15. What monetary support, if any, did candidates in the course of study receive specifically because of their enrollment in this course of study? Use data from academic year 2008-2009 (including summer 2009), or a convenient 12-month period most closely approximating that time period.

Number of candidates receiving monetary support	Grant support in academic year 2008-2009						
	Candidate average (mean)	Smallest amount for a candidate	Largest amount for a candidate				
	\$	\$	\$				

16. Mark one box in each row to indicate the extent to which your course of study focused on each specified area in the 2008-2009 academic year. Use the "NA or Not at all" column if you had no focus on a specified area or if the specified area is not relevant to your course of study.

		Extent to which the course of study focused on the specified area in the 2008-2009 academic year							
	Focus Area	NA <u>or</u> Not at all	Small extent	Moderate extent	Great extent				
p. of NCLB and IDI	Highly qualified teacher (HQT) requirements EA								
q. agencies	Cooperation with SEAs, LEAs, or Part C lead								
r. preparation	Integrated general/special education								
s.	Paraprofessional preparation								
t. personnel	State-identified needs for highly qualified								
u. delivery	Use of evidence-based practices in service								
v. requirements	Meeting certification, license, or endorsement								
w. from diverse cult	Specialized needs of children with disabilities ural and linguistic backgrounds								
х.	Extended field experiences or practica								
y.	Field-based training in high-need communities								

		o which the con e specified area academi	a in the 2008-	
Focus Area	NA <u>or</u> Not at all	Small extent	Moderate extent	Great extent
z. Support systems for candidates to enhance retention and success in the program (e.g., tutors, mentors)				
aa. Mentoring and induction for program graduates				
bb. Cultural and linguistic diversity in recruiting candidates				
cc. Collecting data on course of study quality				
dd. Involvement of individuals with disabilities or their parents in the IHE's program planning, implementation, and evaluation				
p. Involvement of parents in their children's educational planning and service delivery				

17. Please list all courses within the course of study that are **new** or **significantly modified** since the time of your PDP grant application.

For Course Level, use the following codes: U = Undergraduate G = Graduate D = Doctoral.

	Course Code	Course Title	Course Level	No. of Credit Hours	Brief Description of Changes Made to Course
1.	EDU 202	Educational Psychology and Learning	U	3	New course
2.	EDU 605	Psychology of Disability	G	3	Added units covering psychological issues for individuals with moderate/severe mental retardation
3.					
4.					
5.					
6.					
7.					

	Course Code	Course Title	Course Level	No. of Credit Hours	Brief Description of Changes Made to Course
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

18.	In the table below, list changes in the course of study since the time of your PDP grant application. Do not list changes that are
	part of any new course listed in Item 17 above. Possible changes might include new training units or modules (including new
	field experiences), new recruitment plans, a new setting for an existing course of study (e.g., on a particular campus, online), a
	new mentoring program, or new faculty.

Description of Change		

19. Please provide enrollment and completion data for the course of study for each of the academic years listed below.

Note that candidates may be counted more than once across the columns and down the rows.

If you do not have data for a particular cell, write DK (don't know). Write "No Course of Study" across a row if the course of study did not exist for that particular year. Write NA in a column that does not apply to your course of study.

	Number of new	candidates the cours during the	umber of enrolled in e of study e academic ar	Number of with prio education c		ear hiş	mber o ned a d gher de earned	legree (gree if	count o	only ate	Number of candidates who earned the license, certificate, endorsement, or
Academic Year	candidates in the course of study during the academic year	Full-time	Part-time	Prior general education certification	No prior general education certification	Associate's	Bachelor's	Master's	Doctorate	Other	other credential on which the course of study focused. Do not count degrees in this column.
2005-2006	[Note: thi	is row will	not appear	for FY 2007	7 respondent	s.]					
2006-2007											
2007-2008											
2008–2009											

20. Please list in the table below any standardized exams that candidates were required to take in order to demonstrate knowledge and skills for completion of the course of study. For all PRAXIS II exams, be sure to list the specific subject (e.g., PRAXIS II Special Education).

Write NA if the exam was not relevant for a particular year. Write DK if you don't know the information in any particular cell. Write "None Required" across the whole table if the course of study never required such an exam during this period.

		demic \ 005-200		ı	demic \ 006-200			demic \ 007-200		l	demic \ 008-200	
Name of exam or measure	Number tested	Number passed	Average Score	Number tested	Number passed	Average Score	Number tested	Number passed	Average Score	Number tested	Number passed	Average Score
		Note: tl										
	a	mn wil ppear f FY 200 ponder	or 7									
		ponder	1.5.1									

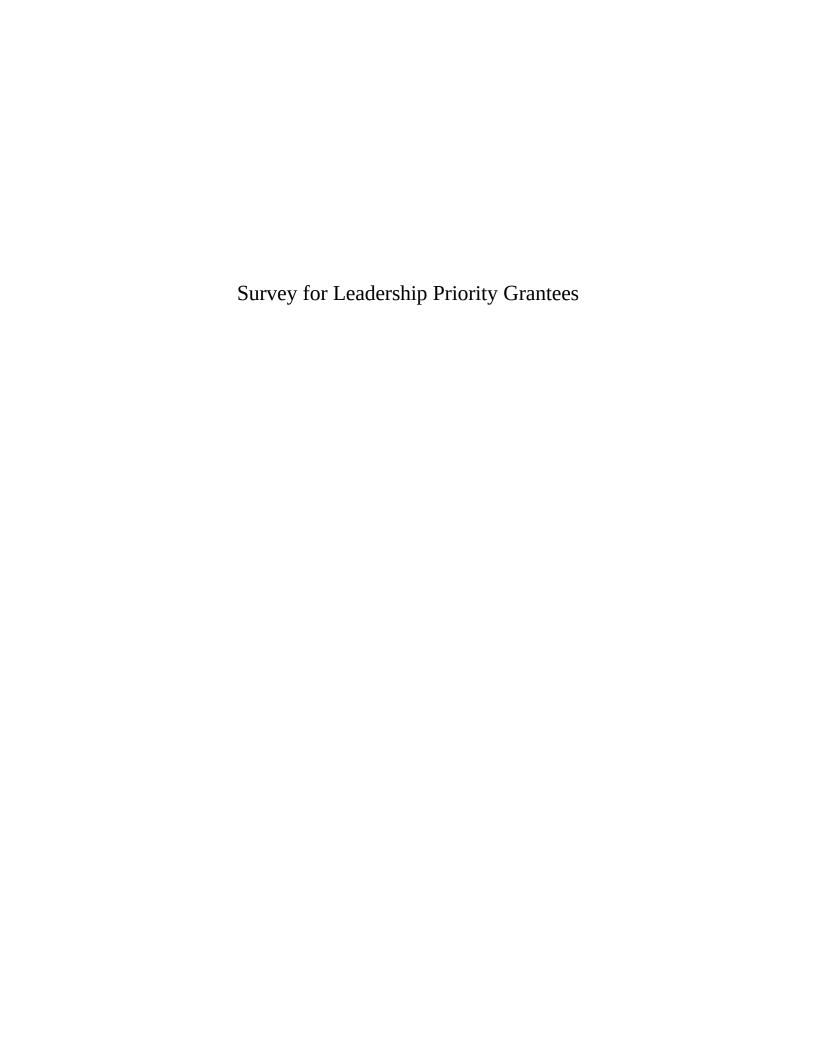
- **23.** Do you have a formal data collection to collect information at least once a year from or about all candidates who have completed the course of study?
 - a. Yes
 - b. No ⇒ If you circled this response, you have completed the survey. Please return it in the envelope provided.
- **24.** How do you collect the data about your completers? **Circle all that apply.**
 - **a.** Paper survey of completers
 - **b.** Web survey of completers
 - **c.** Telephone survey of completers
 - **d.** Structured interviews with completers
 - **e.** Employer or supervisor survey
 - **f.** Structured interviews with supervisors
 - g. School district or state reports

_		1		
h.	Other			

- **25.** Which of the following kinds of information do you collect from your program completers? **Circle all that apply.**
 - **a.** Usefulness of training
 - **b.** Satisfaction with training program
 - **c.** Employment status (employed/not employed)
 - **d.** Employment position
 - **e.** State or district where employed
 - **f.** Job performance
 - **g.** Certification status
 - **h.** Ages or grades of children served
 - **i.** Primary special education or related services area
 - **j.** Publications or presentations
 - k. Professional honors
 - **l.** Outcomes of student taught by program graduates
 - **m.** Program graduate job performance as rated by supervisor
 - **n.** Other

YOU HAVE COMPLETED THE SURVEY. THANK YOU.

16



PERSONNEL DEVELOPMENT PROGRAM EVALUATION

IHE SURVEY

Name of Person Completing the Survey (Plea	ase Print):
Title of Person Completing the Survey:	
Daytime Phone Number:	Fax Number:
Email:	

DIRECTIONS: The focus of this survey is the *course of study* for which you requested Personnel Development Program (PDP) funding in FY 2006 or FY 2007. For the purposes of this survey, please think of a *course of study* as a set of courses to prepare candidates to perform a particular professional or paraprofessional role; this set of courses almost always results in a degree, a particular credential (i.e., license, certificate, or endorsement), or both. The setting of courses is another defining aspect of the course of study (e.g. on a particular campus; online).

The pre-printed label provides identifying information about the course of study for which you requested PDP funding. Westat staff extracted this information from your grant application.

[PRE-PRIN	TED LABEL TO INCLUDE THE FOLLOWING INFORMATION:]
и.	Name of Institution:
<i>v</i> .	Application/Award Number:
w.	PDP Priority/Focus Area:
<i>x</i> .	PDP Competition Year:
<i>y</i> .	Project Title:
z.	Roles for which candidates would be prepared:
aa.	Disability area:
bb.	Degrees for which candidates would be prepared:
CC.	Credentials for which candidates would be prepared:
dd.	Setting:

This collection of information is this evaluation is authorized by the Individuals with Disabilities Education Act (IDEA) under Title I, Part D, Subpart 2, Section 663(c)(9); and Section 664(b)(2)(C). We stat will protect the confidentiality of all information collected for the study and will use it for evaluation purposes only. No information that identifies any study participant will be released, except as required by law. Information from participating institutions and respondents will be presented at aggregate levels in reports. All institution-level identifiable information will be kept in secured locations, and identifiers will be destroyed as soon as they are no longer required.

NOTICE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is XXXXXXXXX (expires XX/XX/XXXX). The time required to complete this information collection is estimated to average xxx minutes per response, including time to review instructions, search existing data sources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education, 555 New Jersey Ave., NW Washington, DC 20208.

- 1. At the time of your grant application, in what way was the course of study for which you requested funding related to an existing course of study? **Circle only one.**
 - a. Our grant application was intended to support or expand an existing course of study, with essentially the same central purpose. That is, the course of study for which we requested funding was in existence at the time of the application.
 - b. Our grant application was intended to fund a course of study that was built upon one or more existing courses of study but that differed from those existing courses of study in at least one of the following features: the role or roles for which candidates are prepared, the degrees or credentials candidates seek, or the setting. That is, the course of study for which we requested funding differed substantially from any existing course of study, but it was not completely new.
 - c. Our grant application was intended to create a completely new course of study. That is, the course of study for which we requested funding was not in existence at the time of our application, nor was the proposed course of study built upon an existing course of study.

NOTE: Throughout this survey, please consider the 2008-2009 academic year to run from approximately August 2008 to August 2009, thereby including activities during the summer of 2009 but not the summer of 2008.

- 2. Does the description on the pre-printed label accurately reflect the course of study *as it existed in the 2008–2009 academic year*?
 - a. Yes. \Rightarrow **Go to Item 4.**
 - b. No, the 2008-2009 course of study differed from what we proposed in our PDP grant application.
 - c. No, the label is inaccurate in describing what we proposed in our PDP grant application.
 - d. Both b and c.

- 3. Using the guidelines below, describe the course of study *as it existed in the 2008–2009 academic year*.
 - Review the description on the pre-printed label.
 - Revise the description on the lines below. Leave lines blank if the information is the same as what is reported on the pre-printed label.

s.	Name of Institution:
t.	Application/Award Number:
u.	PDP Priority/Focus Area:
v.	PDP Competition Year:
w.	Project Title:
х.	Role for which candidates were being prepared:
y.	Disability area:
z.	Degrees for which candidates were being prepared:
aa.	Credentials for which candidates were being prepared:
j.	Setting (e.g., on a particular campus, online):

5.

6.

NOTE: Items 4 through 9 focus exclusively on the course of study as it existed in the 2008-2009 academic year.

4.	What were the criteria used to admit candidat apply.	es into the course of study? Circle all that
	a. GPA. Specify minimum GPA, if applicab	le:
	b. Past experience related to professional pro-	
	c. Results of interview	
	d. Review of preadmission portfolio	
	e. Review of recommendation/reference lett	ers
	f. Review of writing sample	
	g. Statement of candidate's professional goa	ls
	h. Prerequisite courses or fieldwork	
	i. ACT score. Specify minimum score, if ap	
	j. SAT score. Specify minimum score, if ap	<u>-</u>
	k. GRE score. Specify minimum, if applicat	
	 PRAXIS I/Pre-Professional Skills Test (Papplicable: 	PST) reading score. Specify minimum score, if
	m. PRAXIS I/PPST math scores. Specify mi	nimum score, if applicable:
	n. PRAXIS I/PPST writing scores. Specify	
	o. Other tests, specify (including minimum	score, if applicable):
	p. Other, specify:	
5.		ld-based training, clinical practice, practicum, iate line below. OR R veeks) OR
6.	6. What was the minimum GPA required for ret Minimum GPA for retention an Check this box, if no minimum GPA was	-

7. What monetary support, if any, did candidates in the course of study receive from the grant referenced on the label at the beginning of the survey? Use data from academic year 2008-2009 (including summer 2009), or a convenient 12-month period most closely approximating that time period.

Number of candidates	Grant support in academic year 2008-2009					
receiving monetary support	Candidate average (mean)	Smallest amount for a candidate	Largest amount for a candidate			
	\$	\$	\$			

8. Excluding funds from the grant referenced on the label at the beginning of the survey, what monetary support, if any, did candidates in the course of study receive specifically because of their enrollment in this course of study? Use data from academic year 2008-2009 (including summer 2009), or a convenient year most closely approximating that time period.

Number of candidates	Grant support in academic year 2008-2009					
receiving monetary support	Candidate average (mean)	Smallest amount for a candidate	Largest amount for a candidate			
	\$	\$	\$			

9. Mark one box in each row to indicate the extent to which your course of study focused on each specified area in the 2008-2009 academic year. Use the "NA or Not at all" column if you had no focus on a specified area or if the specified area is not relevant to your course of study.

	Extent to which the course of study focused on the specified area in the 2008-2009 academic year				
	Focus Area	NA <u>or</u> Not at all	Small extent	Moderate extent	Great extent
ee.	Research methodology				
ff.	Personnel preparation				
gg. supervision	Special education administration or				
hh.	Policy or advocacy				
ii. preparation	Integrated general/special education				
jj. delivery	Use of evidence-based practices in service				
kk. requirements	Meeting certification, license, or endorsement				
ll. from diverse cul	Specialized needs of children with disabilities tural and linguistic backgrounds				
mm.	Field-based training in high-need communities				
nn. retention and suc	Support systems for candidates to enhance ccess in the program (e.g., tutors, mentors)				

	Extent to which the course of study focused on the specified area in the 2008-2009 academic year				
	Focus Area	NA <u>or</u> Not at all	Small extent	Moderate extent	Great extent
oo. candidates	Cultural and linguistic diversity in recruiting				

10. Please list all courses within the course of study that are **new** or **significantly modified** since the time of your PDP grant application. List **all** new courses, even if they did not result from grant funding.

For Course Level, use the following codes: U = Undergraduate G = Graduate D = Doctoral.

	Course Code	Course Title	Course Level	No. of Credit Hours	Brief Description of Changes Made to Course
1.	EDU 202	Educational Psychology and Learning	U	3	New course
2.	EDU 605	Psychology of Disability	G	3	Added units covering psychological issues for individuals with moderate/severe mental retardation
3.					
4.					
5.					
6.					
7.					

	Course Code	Course Title	Course Level	No. of Credit Hours	Brief Description of Changes Made to Course
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

11.	In the table below, list changes in the course of study since the time of your PDP grant application. Do not list changes that are
	part of any new course listed in Item 10 above. Possible changes might include new training units or modules (including new
	field experiences), new recruitment plans, a new setting for an existing course of study (e.g., on a particular campus, online), a
	new mentoring program, or new faculty.

escription of Change	

12. Please provide enrollment and completion data for the course of study for each of the academic years listed below.

Note that candidates may be counted more than once across the columns and down the rows.

If you do not have data for a particular cell, write DK (don't know). Write "No Course of Study" across a row if the course of study did not exist for that particular year. Write NA in a column that does not apply to your course of study.

Number of new		Total number of candidates enrolled in the course of study during the academic year		Number of candidates with prior general education certification		eneral candidate earned		Number of candidates who earned the license, certificate, endorsement, or other credential
Academic Year	candidates in the course of study during the academic year	Full-time	Part-time	Prior general education certification	No prior general education certification	Doctorate	Other	on which the course of study focused. Do not count degrees in this column.
2005-2006	[Note: th	is row will	not appea	r for FY 200	7 responden	ts.]		
2006-2007								
2007-2008								
2008–2009								

13. For the 2008-2009 academic year, please *estimate* how funds were allocated to your course of study from the PDP grant listed on the label.

Category	Estimated grant dollars allocated to the category during the 2008-2009 academic year
Funding for candidates	
Funding for faculty	
Development of curriculum or curriculum elements	
Other:	
Other:	
Other:	
Other:	
TOTAL:	

- **26.** Do you have a formal data collection to collect information at least once a year from or about all candidates who have completed the course of study?
 - **a.** Yes
 - b. No \Rightarrow If you circled this response, you have completed the survey. Please return it in the envelope provided.
- **27.** How do you collect the data about your completers? **Circle all that apply.**
 - **a.** Paper survey of completers
 - **b.** Web survey of completers
 - **c.** Telephone survey of completers
 - **d.** Structured interviews with completers
 - **e.** Employer or supervisor survey
 - **f.** Structured interviews with supervisors
 - **g.** School district or state reports
 - **h.** Other

- **28.** Which of the following kinds of information do you collect from your program completers? **Circle all that apply.**
 - a. Usefulness of training
 - **b.** Satisfaction with training program
 - **c.** Employment status (employed/not employed)
 - **d.** Employment position
 - e. State or district where employed
 - **f.** Job performance
 - **g.** Certification status
 - **h.** Ages or grades of children served
 - i. Primary special education or related services area
 - **j.** Publications or presentations
 - k. Professional honors

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YOU HAVE COMPLETED THE SURVEY. THANK YOU.



PERSONNEL DEVELOPMENT PROGRAM EVALUATION

IHE SURVEY

Name of Person Completing the Survey (Please Print):						
Title of Person Completing the Survey: _						
Daytime Phone Number:	Fax Number:					
Email:						

DIRECTIONS: The focus of this survey is the *course of study* for which you requested Personnel Development Program (PDP) funding in FY 2006 or FY 2007. For the purposes of this survey, please think of a *course of study* as a set of courses to prepare candidates to perform a particular professional or paraprofessional role; this set of courses almost always results in a degree, a particular credential (i.e., license, certificate, or endorsement), or both. The setting of courses is another defining aspect of the course of study (e.g. on a particular campus; online).

The pre-printed label below provides identifying information about the course of study for which you requested PDP funding. Westat staff extracted this information from your grant application.

ee.	Name of Institution:
ff.	Application/Award Number:
11· gg.	PDP Priority/Focus Area:
hh.	PDP Competition Year:
ii.	Project Title:
jj.	Roles for which candidates would be prepared:
kk.	Disability area:
11.	Degrees for which candidates would be prepared:
mm.	Credentials for which candidates would be prepared:
nn.	Setting:

This collection of information is this evaluation is authorized by the Individuals with Disabilities Education Act (IDEA) under Title I, Part D, Subpart 2, Section 663(c)(9); and Section 664(b)(2)(C). Participation is voluntary. Westat will protect the confidentiality of all information collected for the study and will use it for evaluation purposes only. No information that identifies any study participant will be released, except as required by law. Information from participating institutions and respondents will be presented at aggregate levels in reports. All institution-level identifiable information will be kept in secured locations, and identifiers will be destroyed as soon as they are no longer required.

NOTICE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is XXXX-XXXX (expires XX/XX/XXXX). The time required to complete this information collection is estimated to average xxx minutes per response, including time to review instructions, search existing data sources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education, 555 New Jersey Ave., NW Washington, DC 20208.

- 1. At the time of your grant application, in what way was the course of study for which you requested funding related to an existing course of study? **Circle only one.**
 - a. Our grant application was intended to support or expand an existing course of study, with essentially the same central purpose. That is, the course of study for which we requested funding was in existence at the time of our application.

 → Go to Item 3.
 - b. Our grant application was intended to fund a course of study that was built upon one or more existing courses of study but that differed from those existing courses of study in at least one of the following features: the role or roles for which candidates are prepared, the degrees or credentials candidates seek, or the setting. That is, the course of study for which we requested funding differed substantially from any existing course of study, but it was not completely new.
 - c. Our grant application was intended to create a completely new course of study. That is, the course of study for which we requested funding was not in existence at the time of our application, nor was the proposed course of study built upon an existing course of study.
- 2. Your grant application was intended to develop a new course of study or a course of study that differed substantially from any existing course of study. The application was **not** funded. Which of the following occurred? **Circle only one.**
 - a. The course of study was not developed.

 → If you circled this response, you have completed the survey. Please return it in the envelope provided.
 - b. External sources of funding were used to develop the course of study. The amount of external funding was *equal to or greater than* the amount requested in our PDP grant application. ⇒ **Go to Item 5.**
 - c. External sources of funding were used to develop the course of study. The amount of external funding was *smaller* than the amount requested in our PDP grant application.

 ⇒ **Go to Item 4.**
 - d. The course of study was developed with no external funding. ⇒ **Go to Item 4.**
- 3. Your grant application was intended to support or expand an existing course of study, and the application was **not** funded. Which of the following occurred? **Circle only one.**
 - a. The course of study was eliminated. \Rightarrow **Go to Item 14.**
 - b. External sources of funding were used to support or expand the course of study. The amount of external funding was *equal to or greater than* the amount requested in our PDP grant application.

 → Go to Item 5.
 - c. External sources of funding were used to support or expand the course of study. The amount of external funding was *smaller* than the amount requested in our PDP grant application. **⇒ Go to Item 4.**
 - d. The course of study was maintained with no external funding. \Rightarrow **Go to Item 4.**

- 4. If the amount of external funding was *smaller* than the amount requested in your PDP grant application or you received no external funding, which of the following steps were implemented? **Circle all that apply.**
 - a. Candidates received less financial support than proposed.
 - b. Fewer candidates than proposed were admitted to the program.
 - c. The course of study included *fewer classes* than proposed.
 - d. Other, specify:
 - e. None of the above. The course of study was implemented completely as planned, despite the smaller amount or complete lack of external funding.

NOTE: Throughout this survey, please consider the 2008-2009 academic year to run from approximately August 2008 to August 2009, thereby including activities during the summer of 2009 but <u>not</u> the summer of 2008.

- 5. Does the description on the pre-printed label accurately reflect the course of study *as it existed in the 2008–2009 academic year*?
 - a. Yes. \Rightarrow **Go to Item 7.**
 - b. No, the 2008-2009 course of study differed from what we proposed in our PDP grant application.
 - c. No, the label is inaccurate in describing what we proposed in our PDP grant application.
 - d. Both b and c.

- 6. Using the guidelines below, describe the course of study *as it existed in the 2008–2009 academic year*.
 - Review the description on the pre-printed label.
 - Revise the description on the lines below. Leave lines blank if the information is the same as what is reported on the pre-printed label.

bb.	Name of Institution:	
cc.	Application/Award Number:	
dd.	PDP Priority/Focus Area:	
ee.	PDP Competition Year:	
ff.	Project Title:	
gg.	Roles for which candidates were being prepared:	-
hh.	Disability area:	
ii.	Degrees for which candidates were being prepared:	
jj.	Credentials for which candidates were being prepared:	
j.	Setting (e.g., on a particular campus, online):	

NOTE: Items 7 through 11 focus exclusively on the course of study *as it existed in the 2008-2009 academic year.*

7.	What were the criteria used to admit candidates into the course of study? Circle all that apply.
	a. GPA. Specify minimum GPA, if applicable:
	b. Past experience related to professional program
	c. Results of interview
	d. Review of preadmission portfolio
	e. Review of recommendation/reference letters
	f. Review of writing sample
	g. Statement of candidate's professional goals
	h. Prerequisite courses or fieldwork
	i. ACT score. Specify minimum score, if applicable:
	j. SAT score. Specify minimum score, if applicable:
	k. GRE score. Specify minimum, if applicable:
	l. PRAXIS I/Pre-Professional Skills Test (PPST) reading score. Specify minimum score, if applicable:
	m. PRAXIS I/PPST math scores. Specify minimum score, if applicable:
	n. PRAXIS I/PPST writing scores. Specify minimum score, if applicable:
	o. Other tests, specify (including minimum score, if applicable):
	p. Other, specify:
8.	What was the minimum number of credit hours required to complete the course of study? Include hours for all required coursework, field-based training, clinical practice, practicum, and theses. Please complete the most appropriate line below. Semester hours (16 weeks) OR Quarter hours (10 weeks) OR Trimester hours (weeks) OR Other credit hours (describe:)
9.	What was the minimum GPA required for retention in and completion of the course of study? Minimum GPA for retention and completion Check this box, if no minimum GPA was required: □

10. What monetary support, if any, did candidates in the course of study receive specifically because of their enrollment in this course of study? Use data from academic year 2008-2009 (including summer 2009), or a convenient 12-month period most closely approximating that time period.

Number of candidates	Grant support in academic year 2008-2009				
receiving monetary support	Candidate average (mean)	Smallest amount for a candidate	Largest amount for a candidate		
	\$	\$	\$		

11. Mark one box in each row to indicate the extent to which your course of study focused on each specified area in the 2008-2009 academic year. Use the "NA or Not at all" column if you had no focus on a specified area or if the specified area is not relevant to your course of study.

		Extent to which the course of study focused on the specified area in the 2008-2009 academic year				
	Focus Area	NA <u>or</u> Not at all	Small extent	Moderate extent	Great extent	
pp.	Research methodology					
qq.	Personnel preparation					
rr. supervision	Special education administration or					
SS.	Policy or advocacy					
tt. preparation	Integrated general/special education					
uu. delivery	Use of evidence-based practices in service					
vv. requirements	Meeting certification, license, or endorsement					
ww. from diverse cul	Specialized needs of children with disabilities tural and linguistic backgrounds					
XX.	Field-based training in high-need communities					
yy. retention and suc	Support systems for candidates to enhance cess in the program (e.g., tutors, mentors)					

	Extent to which the course of study focused on the specified area in the 2008-2009 academic year				
Focus Area	NA <u>or</u> Not at all	Small extent	Moderate extent	Great extent	
k. Cultural and linguistic diversity in recruiting candidates					

12. Please list all courses within the course of study that are **new** or **significantly modified** since the time of your PDP grant application.

For Course Level, use the following codes: U = Undergraduate G = Graduate D = Doctoral.

	Course Code	Course Title	Course Level	No. of Credit Hours	Brief Description of Changes Made to Course
1.	EDU 202	Educational Psychology and Learning	U	3	New course
2.	EDU 605	Psychology of Disability	G	3	Added units covering psychological issues for individuals with moderate/severe mental retardation
3.					
4.					
5.					
6.					
7.					

	Course Code	Course Title	Course Level	No. of Credit Hours	Brief Description of Changes Made to Course
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

13.	In the table below, list changes in the course of study since the time of your PDP grant application. Do not list changes that are
	part of any new course listed in Item 12 above. Possible changes might include new training units or modules (including new
	field experiences), new recruitment plans, a new setting for an existing course of study (e.g., on a particular campus, online), a
	new mentoring program, or new faculty.

Description of Change	

14. Please provide enrollment and completion data for the course of study for each of the academic years listed below.

Note that candidates may be counted more than once across the columns and down the rows.

If you do not have data for a particular cell, write DK (don't know). Write "No Course of Study" across a row if the course of study did not exist for that particular year. Write NA in a column that does not apply to your course of study.

Academic Year	Number of new candidates in the course of study during the academic year	Total number of candidates enrolled in the course of study during the academic year		Number of candidates with prior general education certification		Number of candidates who earned a degree (count only higher degree if candidate earned more than one)		Number of candidates who earned the license, certificate, endorsement, or other credential
		Full-time	Part-time	Prior general education certification	No prior general education certification	Doctorate	Other	on which the course of study focused. Do not count degrees in this column.
2005-2006	[Note: this row will not appear for FY 2007 respondents.]							
2006-2007								
2007-2008								
2008–2009								

- 15. Do you have a formal data collection to collect information at least once a year from or about all candidates who have completed the course of study?
 - m. Yes
 - n. No ⇒ If you circled this response, you have completed the survey. Please return it in the envelope provided.
- 16. How do you collect the data about your completers? Circle all that apply.
 - a. Paper survey of completers
 - b. Web survey of completers
 - c. Telephone survey of completers
 - d. Structured interviews with completers
 - e. Employer or supervisor survey
 - f. Structured interviews with supervisors
 - g. School district or state reports
 - h. Other ____
- 17. Which of the following kinds of information do you collect from your program completers? **Circle all that apply.**
 - a. Usefulness of training
 - b. Satisfaction with training program
 - c. Employment status (employed/not employed)
 - d. Employment position
 - e. State or district where employed
 - f. Job performance
 - g. Certification status
 - h. Ages or grades of children served
 - i. Primary special education or related services area
 - j. Publications or presentations
 - k. Professional honors
 - l. Other

YOU HAVE COMPLETED THE SURVEY. THANK YOU.