APPENDIX A:
RDE PROJECT DATA MANAGEMENT SYSTEM INDICATORS

RDE PROJECT DATA MANAGEMENT SYSTEM (PDMS) INDICATORS

August 10, 2009

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* UserID   _____

* Password   _____

Survey Privacy

The Federal Government has a continuing commitment to monitor its awards to identify and address any inequities based on gender, race, ethnicity, or disability of the principal investigators, co-principal investigators, trainees, or other participants. Submission of the requested information is not mandatory. If you do not wish to submit the information, please mark the checkboxes provided for this purpose on the Web pages that follow.

Information from this data collection system will be retained by the National Science Foundation (NSF), a Federal agency, and will be an integral part of its Privacy Act System of Records in accordance with the Privacy Act of 1974 and maintained in the Education and Training System of Records 63 Fed. Reg. 264, 272 (January 5, 1998). These are confidential files accessible only to appropriate NSF officials, their staffs, and their contractors responsible for monitoring, assessing, and evaluating NSF programs. Only data in highly aggregated form, or data explicitly requested as "for general use," will be made available to anyone outside of NSF for research purposes. Data submitted will be used in accordance with criteria established by NSF for monitoring research and education grants, and in response to Public Law 99-383 and 42 USC 1885c.

[Link to] NSF Privacy Policy

Public Burden

Submission of the requested information is voluntary. Failure to provide full and complete information, however, may reduce the possibility for continuing support through the award/project subject to this survey. Pursuant to 5 CFR 1320.5(b), an agency may not conduct or sponsor, and a person is not required to respond to an information collection unless it displays a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3145-0164. The public reporting burden for the entire collection of information is estimated to average 80 hours per award for Alliance awards and 12 hours per award for other RDE awards, including the time for reviewing instructions. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Suzanne Plimpton, Reports Clearance Officer for OMB Collection 3145-0164, Facilities and Operations Branch, Division of Administrative Services, National Science Foundation, 4201 Wilson Blvd., Suite 295, Arlington, VA 22230.

AWARD

Please review the following data for your award. This section was prepopulated.[1] If you need to make changes, please contact ICF Macro to make the necessary adjustments. Asterisks indicate required fields; you must complete such fields in order to submit your data. For help with unfamiliar terms, please consult the glossary.

^ Award Status _____

^ Program Track[2] _____

^ NSF Award Number _____

^ Award Title

_____
_____
_____

^ Award Institution _____

^Award Start Date Month _____ Day _____ Year _____

^Award End Date Month _____ Day _____ Year _____

^Collaborative Award(s)

NSF Award Number	Institution	Award Title	Award PI
_____	_____	_____	_____
_____	_____	_____	_____
…			
_____	_____	_____	_____

All data above will be prepopulated. If respondents have questions, they can contact ICF Macro.

In the past year, did this project receive any funding in addition to the NSF RDE funding?

If yes, Funding Agency:

_____

[1] In the online system, ^ items are prepopulated.
[2] At this point, the value will be one of these five: Alliance, Research, Enrichment, Demonstration, Dissemination

Funding Program:
Amount of Funding:
Type of Funding
     Federal
     State
     Local
     Business/Industry
     University
     Other (provide text box)

If this award was preceded by an NSF RDE award, what was the:

NSF Award Number: _____

Award Title: _____

What was its RDE award track?

__ Alliance award
__ Research award
__ Enrichment award
__ Demonstration award
__ Dissemination award
__ Other

INSTITUTIONS

Please provide information about your project's primary, partnering, and associate institutions and organizations for the current reporting period. There are three types: academic institutions of higher education, K-12 education organizations, and non-academic institutions.

Only submit data for those institutions that do not have collaborating awards and are not supported by a collaborating award.

Academic Institution (college, university, or other institute of higher education)[3]

* Institution Name   _____

Postal Address   _____
_____
_____

* Institution Type (select one)
___Public   ___Private

What is this institution's Carnegie classification?
- Research Universities (RU/VH) (very high research activity)
- Research Universities (RU/H) (high research activity)
- Doctoral/Research Universities (DRU)
- Master's Colleges and Universities (Master's/L) (larger programs)
- Master's Colleges and Universities (Master's/M) (medium programs)
- Master's Colleges and Universities (Master's/S) (smaller programs)
- Baccalaureate Colleges—Arts & Sciences (Bac/A&S)
- Baccalaureate Colleges—Diverse Fields (Bac/Diverse)
- Baccalaureate/Associate's Colleges (Bac/Assoc)
- Associate's—Public Rural-serving Small (Assoc/PubRS)
- Associate's—Public Rural-serving Medium (Assoc/PubRM)
- Associate's—Public Rural-serving Large (Assoc/PubRL)
- Associate's—Public Suburban-serving Single Campus (Assoc/PubSSC)
- Associate's—Public Suburban-serving Multicampus (Assoc/PubSMC)
- Associate's—Public Urban-serving Single Campus (Assoc/PubUSC)
- Associate's—Public Urban-serving Multicampus (Assoc/PubUMC)
- Associate's—Public Special Use (Assoc/PubSpec)
- Associate's—Private Not-for-profit (Assoc/PrivNFP)
- Associate's—Private For-profit (Assoc/PrivFP)
- Associate's—Public 2-year Colleges under Universities (Assoc/Pub2in4)
- Associate's—Public 4-year, Primarily Associate's (Assoc/Pub4)
- Associate's—Private Not-for-profit 4-year, Primarily Associate's (Assoc/PrivNFP4)

---

[3] Questions for each degree-granting institution.

- Associate's—Private For-profit 4-year, Primarily Associate's (Assoc/PrivFP4)
- Theological seminaries, Bible colleges, and other faith-related institutions (Spec/Faith)
- Medical schools and medical centers (Spec/Medical)
- Other health profession schools (Spec/Health)
- Schools of engineering (Spec/Engg)
- Other technology-related schools (Spec/Tech)
- Schools of business and management (Spec/Bus)
- Schools of art, music, and design (Spec/Arts)
- Schools of law (Spec/Law)
- Other special-focus institutions (Spec/Oth)
- Tribal colleges and universities

* Institutional Ethnicity Characteristics (select all that apply)
___Historically Black College or University (HBCU)
___Tribal College or University (TCU)
___Hispanic Serving Institution (HSI)
___Minority Serving Institution (MSI)

* Institutional Gender Characteristics (select one)
___Single Gender – Male
___Single Gender – Female
___Coed

* Institutional Campus Characteristics (select one)
___Virtual Campus
___Traditional Campus
___Virtual and Traditional

* Project Role (select one)
___Primary Awardee[4]
___Subawardee (as defined by NSF on the award budget)
___Non-award partner
___Consultant (as defined by NSF on the award budget)
___Other, please specify _____

Has this project affected *policies* at this institution regarding educating students with disabilities during the current reporting period?
___Yes   ___ No
    If yes, what changed?
    _____

Has this project affected *practices* at this institution regarding educating students with disabilities during the current reporting period?

---

[4] Primary awardee institution will be partially preloaded

___Yes   ___ No
    If yes, what changed?
    _____

Has this project affected *services* provided by this institution's office for students with disabilities during the current reporting period?
___Yes   ___ No
    If yes, what changed?
    _____

Were any courses at this institution retrofitted for Universal Design for Learning (UDL) during the current reporting period?
___Yes   ___ No

    If yes, how many?

Were any new courses created using Universal Design for Learning (UDL) during the current reporting period?
___Yes   ___ No

    If yes, how many?

Were any student labs retrofitted for Universal Design for Learning (UDL) during the current reporting period?
___Yes   ___ No

    If yes, how many?

Were any new student labs created using Universal Design for Learning (UDL) during the current reporting period?
___Yes   ___ No

    If yes, how many?

Were any fieldwork experiences at this institution changed because of Universal Design for Learning (UDL) during the current reporting period?
___Yes   ___ No

    If yes, how many?

Were any new fieldwork experiences created at this institution using Universal Design for Learning (UDL) during the current reporting period?

___Yes   ___ No
   If yes, how many?

K-12 Academic Organization[5]

* School Name_____

  District   _____

   *Postal Address   _____
                     _____
                     _____

* Institution Type (select one)
___Public   ___Private

* Institutional Characteristics (select one)
___High School
___Middle School/Junior High
___Elementary School
___Other, please specify _____

* Project Role (select one)
___ Primary Awardee
___ Subawardee (as defined by NSF on the award budget)
___Non-award partner
___Consultant (as defined by NSF on the award budget)
___Other, please specify _____

Has this project affected *policies* at this institution regarding educating students with disabilities during the current reporting period?
___Yes   ___ No
   If yes, what changed?
       _____

Has this project affected *services and/or practices* at this institution regarding educating students with disabilities during the current reporting period?
___Yes   ___ No
   If yes, what changed?
       _____

_____
[5] Questions repeat for each K-12 organization.

Were any courses at this institution retrofitted for Universal Design for Learning (UDL) during the current reporting period?
___Yes   ___ No

   If yes, how many?

Were any new courses created using Universal Design for Learning (UDL) during the current reporting period?
___Yes   ___ No

   If yes, how many?

Were any student labs retrofitted for Universal Design for Learning (UDL) during the current reporting period?
___Yes   ___ No

   If yes, how many?

Were any new student labs created using Universal Design for Learning (UDL) during the current reporting period?
___Yes   ___ No

   If yes, how many?

Were any fieldwork experiences at this institution changed because of Universal Design for Learning (UDL) during the current reporting period?
___Yes   ___ No

   If yes, how many?

Were any new fieldwork experiences created at this institution using Universal Design for Learning (UDL) during the current reporting period?
___Yes   ___ No

   If yes, how many?

Non-Academic Organizations[6]

* Institution Name   _____

  Postal Address   _____
                              _____
                              _____

* Institutional Characteristics (select one)
___Industry Partner
___Non-Profit Organization
___Local Government Organization
___State Government Organization
___Federal Government Organization
___Non-university/non-industry Lab
___Other, please specify _____

* Project Role (select one)
___Primary Awardee
___Subawardee (as defined by NSF on the award budget)
___Non-award partner
___Consultant (as defined by NSF on the award budget)
___Other, please specify _____

Has this project affected *policies* at this organization regarding people with disabilities during the current reporting period?
___Yes   ___ No
    If yes, what changed?

    _____

Has this project affected *practices* at this organization regarding people with disabilities during the current reporting period?
___Yes   ___ No
    If yes, what changed?

    _____

Were any labs/offices/workspaces retrofitted for Universal Design for Learning (UDL) during the current reporting period?
___Yes   ___ No

    If yes, how many?

Were any new labs/offices/workspaces created using Universal Design for Learning (UDL) during the current reporting period?

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[6] Questions repeat for each non-academic institution.

___Yes   ___ No

If yes, how many?

PROJECT PERSONNEL[7]

Enter the information about your project personnel in the spaces below. Asterisks indicate required fields; you must complete them in order to submit your data. For help with unfamiliar terms, please consult the glossary.

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[7] Questions repeat for each member of the project staff. The primary PI's information must be preloaded with enough information to permit the initial access to the system.

Contact Information
Name
 Title   _____
*First Name   _____
 Middle Name _____
*Last Name   _____
 Suffix   _____

Social Security Number[8] _____-_____-_____

Office Mailing Address
*Street _____
       _____
*City   _____ *State _____ *Zip/Postal Code_____ Country _____

* Institutional Affiliation
 Name: _____ State: _____

* E-mail Address: _____@_____

Office Phone Number _____ **ext.** ____

Office Fax Number _____ **ext.** ____

Cell Phone Number _____

*Academic Field
        [Drop down list of fields]
        [Include Does Not Apply option]

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[8] Enter 999-99-9999 or last 4 digits.

Project Roles

* Employment Title _____

* Project Administration Position (select all that apply)
___Primary Investigator (PI)
___ Co-Primary Investigator (Co-PI)
___Project Director
___Associate/Assistant Project Director
___Project Manager
___ Associate/Assistant Project Manager
___Coordinator, please specify area of coordination _____
___Other, please specify _____

* Internal Project Evaluation Position (select all that apply)
___Evaluation Team – Lead
___Evaluation Team – Data Collector
___Evaluation Team – Statistician/Analyst
___Other, please specify _____

* External Project Evaluation Position (select all that apply)
___Evaluation Team – Lead
___Evaluation Team – Data Collector
___Evaluation Team – Statistician/Analyst
___Other, please specify _____

* Project Research Position (select all that apply)
___Primary Investigator (PI)
___ Co-Primary Investigator (Co-PI)
___Staff – Full Professor
___Staff – Associate Professor
___Staff – Assistant Professor
___Staff – Instructor
___Staff – Senior Researcher
___Staff – Associate Researcher
___Staff – Assistant Researcher
___Staff – Research Assistant
___Post-Doctoral Fellow
___Student – Doctoral
___Student – Masters
___Student – Baccalaureate
___Student – Associate
___Student – High School
___Other, please specify _____

Demographic Information

Year of birth[9] **_____**
(Enter "9999" for "not reported.)

* Gender (select one)
___Male   ___Female   ___Not reported

* Race (select all that apply)
___American Indian or Alaska Native
___Asian
___Black or African American
___Native Hawaiian or Other Pacific Islander
___White
___Not reported

* Ethnicity (select one)
___Not Hispanic or Latino
___Hispanic or Latino
___Not reported

* Disability (select all that apply)
___None
___Asperger's Syndrome/Autism Spectrum Disorder
___Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)
___Deaf or Hard-of-Hearing (D/HoH)
___Physical Disability/Orthopedic/Mobility Impairment
___Systemic Health/Medical Condition
___Psychological/Psychiatric Disability
___Specific Learning Disability
___Blind or Visual Impairment
___Speech Impairment
___Acquired/Traumatic Brain Injury
___Other Disabilities, please specify: _____
___Not reported

*If more than one disability is reported, offer respondents an opportunity to rank their selections as primary, secondary, etc.

Was this person registered with the campus disability services office?
        Yes/No

Did this person receive services?

---

[9] Enter 4 digits or select from a dropdown list?

Yes/No

* Citizenship (select one)
___U.S. Citizen
___Permanent Resident
___U.S. National (Born in American Samoa or Swains Island, or descendent of U.S. National)
___Non-U.S. Citizen

* United States Military Service Status (select one)
___Active Duty
___Active Reserve
___Veteran
___No Military Service
___Not Reported

Mentoring

Did this person serve as a mentor?
___Yes   ___ No

If yes, who did they mentor?
__ High School Students
__ Community College Student
__ Undergraduate students
__ Graduate Students
__ Faculty/Staff
__ Industry/Business
__ Other, please explain (provide text box)

Approximately how mentoring sessions did they have during the last year?
___

      Of those, how many were
          ___ Face to Face
          ___ Phone
          ___ Virtual

Was this person a mentee?
___Yes   ___ No

If yes, what kind of mentor did they have?
__ High School Student
__ Community College Student
__ Undergraduate Student
__ Graduate Student
__ Faculty/Staff Member
__ Industry/Business Partner
__ Other, please explain (provide text box)

Approximately how mentoring sessions did they have during the last year?
___

      Of those, how many were
          ___ Face to Face
          ___ Phone
          ___ Virtual

Tutoring

Did this person receive tutoring during this year as a part of this project?
___Yes   ___ No

If yes, who did they receive tutoring from?
__ High School Student
__ Community College Student
__ Undergraduate Student
__ Graduate Student
__ Faculty/Staff
__ Industry/Business
__ Other, please explain (provide text box)

Did this person serve as a tutor?
___Yes   ___ No

If yes, who did they tutor?
__ High School Student
__ Community College Student
__ Undergraduate Student
__ Graduate Student
__ Faculty/Staff
__ Industry/Business
__ Other, please explain (provide text box)

Approximately how tutoring sessions did this person participate in?
___ As a tutor
___ Receiving tutoring

Learning Communities

Did this person participate in a student learning community sponsored by this project?
    Yes/No

If yes, was this community (select all that apply)
    __ related to a course
    __ a virtual community
    __ a living/learning community

Did this person participate in a faculty learning community sponsored by this project?
    Yes/No

If yes, was this community (select all that apply)
    __ related to a course
    __ a virtual community
    __ a living/learning community

Project Experiences - International

*Did this project personnel member have any international experiences as a result of this project during the current reporting period?
___Yes   ___No

If yes, where was this experience?
Country _____
City _____
Organization _____
Program Name _____

What kind of activity was this experience? (select all that apply)
__ Teaching students
    ___ Elementary School
    ___ High School
    ___ Undergraduate Students

      ___ Graduate Students
___ Doing research
      ___ Data gathering
      ___ Data analysis
___ Other, please specify _____

How many weeks did the experience last? _____

What was the average number of hours worked each week? _____

Universal Design for Learning (UDL) Experiences

Did this person provide Universal Design for Learning (UDL) trainings?
___Yes   ___ No

If yes, how many?

Did this person receive Universal Design for Learning (UDL) trainings?
___Yes   ___ No

If yes, how many?

PROJECT PARTICIPANT[10]

Enter the information about your project participant in the spaces below. Asterisks indicate required fields; you must complete them in order to submit your data. For help with unfamiliar terms, please consult the glossary.[11]

[Instructions for how to enter number instead of names for privacy reasons will be provided.]

Contact Information
Name
  Title   _____
*First Name   _____
  Middle Name _____
*Last Name   _____
  Suffix   _____

* Social Security Number[12] _____-_____-_____

Other ID (if applicable) _____

Current Mailing Address
*Street _____

_____
*City   _____ *State _____ *Zip/Postal Code_____ Country _____

* Institutional Affiliation
Name: _____ State: _____

* Current Phone Number _____ ext. ____

* E-mail Address: _____@_____

Participation Information

* Participant Type
___College/University Administrator
___ College/University Faculty
___ College/University Staff
___High School Teacher
___Middle School Teacher

_____
[10] Questions repeat for each project participant.
[11] Particpant Questions apply to ONLY Alliance and Enrichment track awards.
[12] Enter 999-99-9999 or last 4 digits.

___K-5 Teacher___Pre-K Teacher
___Graduate Student
___Undergraduate Student (4-Year)
___Undergraduate Student (2-Year)
___High School Student (Freshman)
___High School Student (Sophomore)
___High School Student (Junior)
___High School Student (Senior)
___Other, please specify _____

If Administrator/Staff/Faculty:

Academic Field (IPDES drop-down menu)

If K-12 Teacher:

Teaching Specialty (select one)
___General
___Math
___Science
___Technology
___Other, please specify _____

If Graduate/Undergraduate Student:

Major (IPDES drop-down menu)

Student Demographics (only asked about students)

What degree is this student pursuing?
___ High School
___ Associates
___ Undergraduate
___ Masters
___ Doctorate
___ Other, please specific _____

What year of school is this student currently in? [Enter numerical value] _____

During the currect reporting period, did this sudent receive any of the following types of degree/certifications?
___ Certficate of Completion

___ High school diploma
___ Associates degree
___ Undergraduate degree
___ Masters degree
___ Ph.D.
___ Other, please specific _____

If the student received a degree or certificate during the reporting period, what did the student plan to do during the next academic year?
___ Pursue associates degree
___ Pursue undergraduate degree in a STEM field
___ Pursue graduate degree in a STEM field
___ Pursue non-STEM degree
___ Enter the workforce
___ Unknown

Student's Permanent Contact Information (only asked about students)

Permanent Mailing Address
*Street _____

_____
*City _____ State _____ *Zip/Postal Code_____ Country _____

***Permanent E-mail Address:** _____@_____

Permanent Home Phone Number _____ **ext.** ____

Cell Phone Number _____

Demographic Information

* Year of birth[13] _____

* Gender (select one)
___Male   ___Female   ___Not reported

* Race (select all that apply)
___American Indian or Alaska Native
___Asian
___Black or African American

_____
[13] Enter 4 digits or select from a dropdown list?

___Native Hawaiian or Other Pacific Islander
___White
___Not reported

* Ethnicity (select one)
___Not Hispanic or Latino
___Hispanic or Latino
___Not reported

* Disability (select all that apply)
___None
___Asperger's Syndrome/Autism Spectrum Disorder
___Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)
___Deaf or Hard-of-Hearing (D/HoH)
___Physical Disability/Orthopedic/Mobility Impairment
___Systemic Health/Medical Condition
___Psychological/Psychiatric Disability
___Specific Learning Disability
___Blind or Visual Impairment
___Speech Impairment
___Acquired/Traumatic Brain Injury
___Other Disabilities, please specify: _____
___Not reported

Was this person registered with the campus disability services office?
        Yes/No

Did this person receive services?
        Yes/No

* Citizenship (select one)
___U.S. Citizen
___Permanent Resident ("Green Card")
___U.S. National (Born in American Samoa or Swains Island or descendent of U.S. National)[14]
___Non-U.S. Citizen

* Veteran Status re US Military Service (select one)
___Active Duty
___Active Reserve
___Veteran
___No Military Service
___Not Reported

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[14] According to 8 U.S.C. § 1408, it is possible to be a U.S. national without being a U.S. citizen. A person whose only connection to the U.S. is through birth in an outlying possession (which as of 2005 is limited to American Samoa and Swains Island), or through descent from a person so born acquires U.S. nationality but not U.S. citizenship.

Mentoring

Did this person serve as a mentor?
___Yes   ___ No

If yes, who did they mentor?

__ High School Students
__ Community College Student
__ Undergraduate students
__ Graduate Students
__ Faculty/Staff
__ Industry/Business
__ Other, please explain (provide text box)

Approximately how mentoring sessions did they have during the last year?
___

      Of those, how many were
            ___ Face to Face
            ___ Phone
            ___ Virtual

Was this person a mentee?
___Yes   ___ No

If yes, who was their mentor?
__ High School Student
__ Community College Student
__ Undergraduate Student
__ Graduate Student
__ Faculty/Staff Member
__ Industry/Business Partner
__ Other, please explain (provide text box)

Approximately how mentoring sessions did they have during the last year?
___

      Of those, how many were
            ___ Face to Face
            ___ Phone
            ___ Virtual

Tutoring

Did this person receive tutoring during this year as a part of this project?
___Yes   ___ No

If yes, who did they receive tutoring from?
__ High School Student
__ Community College Student
__ Undergraduate Student
__ Graduate Student
__ Faculty/Staff
__ Industry/Business
__ Other, please explain (provide text box)

Did this person serve as a tutor?
___Yes   ___ No

If yes, who did they tutor?
__ High School Student
__ Community College Student
__ Undergraduate Student
__ Graduate Student
__ Faculty/Staff
__ Industry/Business
__ Other, please explain (provide text box)

Approximately how tutoring sessions did this person participate in?
___ As a tutor
___ Receiving tutoring

Stipends

Did this person receive one of the following types of stipends?
___None
___No Performance or Participation Restrictions
___Restricted to Students Participating in Project Activities
___Restricted to Students Providing Mentoring and/or Tutoring to Post-Secondary Students
___Restricted to Students Providing Mentoring and/or Tutoring to Secondary Students

___Restricted to Student Academic Performance
___Other Restrictions, please specify _____

RDE Stipend Amount[15] provided to this person from NSF-RDE funding during the current reporting period $ _____

Non-RDE Stipend Amount[16] provided to this person during the current reporting period (includes stipends, scholarships, and funding from sources other than the NSF RDE program) $ _____

Please list the stipend sources _____

Learning Communities

Did this person participate in a student learning community sponsored by this project?
___Yes   ___ No

If yes, was this community (select all that apply)
    __ related to a course
    __ a virtual community
    __ a living/learning community

Did this person participate in a faculty learning community sponsored by this project?
___Yes   ___ No

If yes, was this community (select all that apply)
    __ related to a course
    __ a virtual community
    __ a living/learning community

Internship/Fieldwork Experiences (only asked for students)

Did this person participate in a university research internship?
___Yes   ___ No

    If yes, Program/Lab Name _____

Did this person participate in a research externship?

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[15] This question applies only if a stipend other than "None" was selected.
[16] This question applies only if a stipend other than "None" was selected.

___Yes   ___ No

       If yes, Institution/Business Name _____
       City _____
       State _____

Did this person participate in a fieldwork experience?
___Yes   ___ No

       If yes, Program Name _____
       City _____
       State _____

Project Experiences - International

*Did this project participant have any international experiences as a result of this project during the current reporting period?
___Yes   ___No

If yes, where was this experience?
Country _____
City _____
Organization _____
Program Name _____

What kind of activity was this experience? (select all that apply)
__ Teaching students
      ___ Elementary School
      ___ High School
      ___ Undergraduate Students
      ___ Graduate Students
___ Doing research
      ___ Data gathering
      ___ Data analysis
      ___ Other, please specify _____

How many weeks did the experience last? _____

What was the average number of hours worked each week? _____
Transition Support (only asked for students)

Did this person participate in any of the following transition actives?
___ IEP

___ Individual transition counseling services
___ Group transition counseling services
___ For-credit course dealing with transition
___ Single transition workshop
___ Transition workshop series
     __How many sessions were there in the series?

Universal Design for Learning (UDL) Experiences

Did this person provide Universal Design for Learning (UDL) trainings?
___Yes   ___ No

> **If yes, how many?**

Did this person receive Universal Design for Learning (UDL) trainings?
___Yes   ___ No

> **If yes, how many?**

Academic Achievement (only asked for students)

Participant's GPA as of mm/dd/yy[17] ___.___ out of ___.___.

Did this participant receive and Honors/Awards during the current reporting period?
___Yes   __No

Student Award/Honor[18]

Title _____

Type (select all that apply)
___Monetary Award
___Non-monetary Award
___Other, please describe_____

---

[17] Date of the end of the academic year – example 8/31/yy (set as a system parameter)
[18] Questions repeat for each honor or award.

Organization _____

ALLIANCE DATA

Institutional Data (Collected for Each Institution of Higher Education Submitted Earlier)

What is the source of your institutional data? (select all that apply)
___Disability Services
___Registrar
___Other, please describe_____

General Institutional Data--In this table, enter overall data for this institution[19]

	This Year	**Last Year[20]** **(read only)**	**Baseline[21]** **(enter year)**
Total Students			
Students Enrolled Full Time			
Students Enrolled Part Time			
Enrolled Degree Candidates			
Enrolled Certificate Candidates			
Students taking classes (not for degree or certificate)			
Students receiving disability services via this institution			
Academic Level			
Freshman			
Sophomores			
Juniors			
Seniors			
Masters Students			
Doctoral Students			
Other			
Gender			
Total Female Students			
Total Male Students			
Not reported			
Race			
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
White			
Other			

---
[19] PIs will enter baseline data during their first year of data entry.
[20] Display if available in system.
[21] Display if available in the system.

Not reported			
Ethnicity			
Hispanic or Latino			
Not Hispanic or Latino			
Not reported			
Disability			
Asperger's Syndrome/Autism Spectrum Disorder			
Attention Deficit Disorder (ADD)/Attention Deficit			
Hyperactivity Disorder (ADHD)			
Deaf or Hard-of-Hearing (D/HoH)			
Physical Disability/Orthopedic/Mobility Impairment			
Systemic Health/Medical Condition			
Psychological/Psychiatric Disability\			
Specific Learning Disability			
Blind or Visual Impairment			
Speech Impairment			
Acquired/Traumatic Brain Injury			
Other Disabilities			
Not reported			
U.S. Military Service Status			
Active Duty			
Active Reserve			
Veteran			
Not reported			

Data on Students Enrolled in STEM Majors—In this table enter data only for students at this organization that are currently enrolled as STEM Majors

	This Year	Last Year (read only)	Baseline (enter year)
Enrolled in STEM majors			
Students with disabilities in STEM majors - AA			
Students with disabilities in STEM majors – BA/BS			
Students with disabilities in STEM majors – MA/MS			
Students with disabilities in STEM majors – PhD			
Gender			
Total Female Students			
Total Male Students			

Not reported			
Race			
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
White			
Other			
Not reported			
Ethnicity			
Hispanic or Latino			
Not Hispanic or Latino			
Not reported			
Disability			
Asperger's Syndrome/Autism Spectrum Disorder			
Attention Deficit Disorder (ADD)/Attention Deficit			
Hyperactivity Disorder (ADHD)			
Deaf or Hard-of-Hearing (D/HoH)			
Physical Disability/Orthopedic/Mobility Impairment			
Systemic Health/Medical Condition			
Psychological/Psychiatric Disability\			
Specific Learning Disability			
Blind or Visual Impairment			
Speech Impairment			
Acquired/Traumatic Brain Injury			
Other Disabilities			
Not reported			
U.S. Military Service Status			
Active Duty			
Active Reserve			
Veteran			
Not reported			

Data on Students Who Graduated from STEM Majors—In this table, enter only data on STEM Majors that graduated during the reporting period.

	This Year	Last Year (read only)	Baseline (enter year)
Graduated STEM majors - AA			
Graduated STEM majors – BA/BS			
Graduated STEM majors – MA/MS			
Graduated STEM majors - PhD			

Students with disabilities who graduated in STEM majors - AA			
Students with disabilities who graduated in STEM majors – BA/BS			
Students with disabilities who graduated in STEM majors – MA/MS			
Students with disabilities who graduated in STEM majors - PhD			
Gender			
Total Female Graduates			
Total Male Graduates			
Not reported			
Race			
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
White			
Other			
Not reported			
Ethnicity			
Hispanic or Latino			
Not Hispanic or Latino			
Not reported			
Disability			
Asperger's Syndrome/Autism Spectrum Disorder			
Attention Deficit Disorder (ADD)/Attention Deficit			
Hyperactivity Disorder (ADHD)			
Deaf or Hard-of-Hearing (D/HoH)			
Physical Disability/Orthopedic/Mobility Impairment			
Systemic Health/Medical Condition			
Psychological/Psychiatric Disability\			
Specific Learning Disability			
Blind or Visual Impairment			
Speech Impairment			
Acquired/Traumatic Brain Injury			
Other Disabilities			
Not reported			
U.S. Military Service Status			
Active Duty			
Active Reserve			

Veteran			
Not reported			

Institutional Data (Collected for Each High School Submitted Earlier)

General Institutional Data--In this table, enter overall data for this institution

	This Year	**Last Year**	**Baseline**
Total Students			
Freshman			
Sophomores			
Juniors			
Seniors			
Gender			
Total Female Students			
Total Male Students			
Not reported			
Race			
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
White			
Other			
Not reported			
Ethnicity			
Hispanic or Latino			
Not Hispanic or Latino			
Not reported			
Disability			
Asperger's Syndrome/Autism Spectrum Disorder			
Attention Deficit Disorder (ADD)/Attention Deficit			
Hyperactivity Disorder (ADHD)			
Deaf or Hard-of-Hearing (D/HoH)			
Physical Disability/Orthopedic/Mobility Impairment			
Systemic Health/Medical Condition			
Psychological/Psychiatric Disability\			
Specific Learning Disability			
Blind or Visual Impairment			
Speech Impairment			
Acquired/Traumatic Brain Injury			
Other Disabilities			
Not reported			

*Field in the tables cannot be left blank—an "Unknown" option should be included.

ADDITIONAL PROPOSAL DATA

Did your work on this award lead to you writing any proposals? If so, list all the proposals that you submitted this year as a result of the award:
Funding Agency:
Program:
Proposal Title:
Proposal Number:

RESEARCH

How many research studies were conducted under this award during the current collection period?[22]

Research Study Data[23]

* List the hypotheses that this study tests: (500 character limit)
1) _____
2) _____
3)_____
4)_____

Research Study Design

What were the research methodologies used in this research study?

[Provide text box for data entry]

Subject Group Data

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[22] May be multiple entries
[23] Questions repeat for each study.

Enter subject group data for the research study. If your project did not have an experimental group, enter data only in the Control Group row.

Subject Gender and Ethnicity Data

	Total Subjects	Gender			Ethnicity		
		Male	Female	Not reported	Hispanic/ Latino	Not Hispanic /Latino	Not Reported
Control Group[24]							
Experimental Group[25]							

Subject Race Data

Control Group[26]	American Indian/Alaska Native	Asian	Black	Native Hawaiian	White	Other	Not reported
Experimental Group[27]							

Subject Age Level Data

	Ages									
	0-5	6-12	13-16	17-18	19-21	22-25	26-35	36-45	46 and Over	Not reported
Control Group										
Experimental Group										

Subject Academic Level Data

	Academic Level									
	Pre -K	K -6	7 - 8	High School	Associate Degree Candidate	Baccalaureate Candidate	Masters Candidate	PhD candidate	Not Applicable	Not reported
Control Group										
Experimental Group										

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[24] Allow for multiple control groups in all tables

[25] Allow for multiple experimental groups in all tables

[26] Allow for multiple control groups in all tables

[27] Allow for multiple experimental groups in all tables

Subject Military Service Status

	US Military Service Status		
	Active Duty	Active Reserve	Veteran
Control Group			
Experimental Group			

Subject Disability Status

							Disability Type							
	None	Asperger's Syndrome/Autism Spectrum Disorder	Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity	Deaf or Hard-of-Hearing (D/HoH)	Physical Disability/Orthopedic Mobility Impairment	Systemic Health/Medical Condition	Psychological/ Psychiatric Disability	Specific Learning Disability	Blind or Visual Impairment	Speech Impairment	Acquired/Traumatic Brain Injury	Other Disabilities	Not reported
Control Group													
Experimental Group													

* Did your study produce a replication manual? (select one)
___Yes   ___No
* If yes, provide the URL to access the manual
_____

* Did your study disseminate findings directly to NSF-RDE Alliance projects?
___Yes   ___No
* If yes, provide the NSF award numbers of the RDE Alliance projects.
_____
_____
_____

* Did your study use data from any NSF-RDE Alliance projects?

___Yes   ___No

* If yes, provide the NSF award numbers of the RDE Alliance projects.

_____

_____

_____

DISSEMINATION

Professional Publications[28]

Did any project personnel or participants contribute to any professional publications during this reporting year as a result of the project?

If so, provide citation:

URL, if available on-line _____

*Type (select all that apply)
___Peer Reviewed
___Invited
___Non-Peer Reviewed

Professional Presentations[29]

Did any project personnel or participants give any professional presentations during this reporting year as a result of the project?

*Title _____

*Type (select all that apply)
___Conference Presentation
___Media Presentation
___Class Presentation
___Other, please describe_____

*Professional Organization _____

URL of presentation, if available _____

Estimate the number of people in the audience _____

New Tools, Measurement Methods, and Other Materials[30]

Did the project develop any new tools, measurement methods, or other materials not already submitted for individual participants and personnel?

* Name _____

* Type (select all that apply)
___Survey
___Questionnaire
___Assessment Tool
___Instructional Material
___Replication Manual
___Other Guides/Manuals
___Brochures
___Other, please describe_____

How many people was this distributed to this year? _____

Who were the primary users of this material?
___ STEM Faculty
___ Educators, General
___ Educators, Special Education
___ STEM Careers
___ General Public
___ Other, please describe _____

[30] May be multiple entries

Online Resources Provided[31]

* Name _____

* Type (select all that apply)
___Website
___Wiki
___Blog
___E-mail List
___Virtual Environment, please describe_____
___Other, please describe_____

Current URL or other location _____

Usage Record

* Number of "hits"
This Year _____   Last year _____   Baseline_____   % Change _____

* If you have a unique login system, number of unique logins
This year _____   Last year _____   Baseline_____   % Change _____

If the project has a unique login system, please indicate how many users of each type the system had this year:
___ Students
___ University faculty/staff/administrators
___ K-12 Teachers
___ Parents
___ Industry/Business users
___ General Public
___ Other

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[31] May be multiple entries

NSF HIGHLIGHTS

(Highlights are optional)

Each year, NSF program officers are asked to write "Highlights" (formerly known as "Nuggets") on the results of NSF research and education awards. These Highlights are used to help assess the Foundation's performance in attaining the strategic outcome goals outlined in the NSF 2006-2011 Strategic Plan and to share successes with various groups.

Do you have a highlight to submit for the currect reporting period?
Yes/No

If yes, a template for the NSF highlight will be provided.

When writing your highlight, please:

- Provide a descriptive title for this Highlight
- Describe the achievement/result that is the Highlight
- Provide photo and phote release form

[Examples of past highlights with be provided, and users will upload text, photo, and photo release into the system.]