

**APPENDIX A:
RDE PROJECT DATA MANAGEMENT SYSTEM INDICATORS**

RDE PROJECT DATA MANAGEMENT SYSTEM (PDMS) INDICATORS

October 22, 2009

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LOGIN PAGE

* **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.

OMB# 3145-0164
Expires XXXXX

INSTRUCTIONS FOR PROJECT PIS/COORDINATORS

The Research in Disabilities Education (RDE) Project Data Management System is an on-line system that collects information required for effective administration, communication, program and project monitoring and evaluation, and for measuring attainment of NSF's program, project and strategic goals, as required by the President's Management agenda as represented by the Office of Management and Budget's (OMB) Program Assessment Rating Tool (PART), by the Government Performance and Results Act (GPRA) of 1993, and by the NSF's Strategic Plan. Data collected will also be used when responding to queries from Committees of Visitors, Congress, and scientific experts. The data can also be used as a preliminary step in more detailed future evaluation efforts, such as the sort of rigorous evaluations described in the May 2007 Report of the Academic Competitiveness Council (ACC), which was established by the Deficit Reduction Act of 2005 (P.L. 109-171) to serve as a multi-agency effort to identify Federal STEM education programs and establish their effectiveness.

All information, including project participant data, that you submit to this system comes from existing project data sources that are maintained by your project and/or institution. The reporting period for this collection is September 1, 20XX to August 31, 20XX, and the PDMS will be open for data collection from January 10 to March 10, 20XX. You can complete the required sections in any order. Icons beside each link will help you track your progress and alert you to potential problems as you move through the sections. Some questions will be marked as required, and the other questions are optional.

NSF has contracted ICF Macro to conduct this data collection. If you have any questions about the system or need any technical assistance, you can email ICF Macro staff at rde@macrointernational.com, or you can speak to an ICF Macro staffer by calling 877-492-5913.

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** _____

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

^ 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:
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 Awardee⁴
 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 Organization⁵

* **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 Organizations⁶

* **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?

⁶ Questions repeat for each non-academic institution.

Yes No

If yes, how many?

PROJECT PERSONNEL⁷

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.

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 _____

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]

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 birth⁸ _____

(Enter "9999" for "not reported.")

*** Gender** (select one)

Male Female Not reported

*** Ethnicity** (select one)

Hispanic or Latino

Not Hispanic or Latino

*** Race** (mark one or more)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

*** Condition** (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 Impairment/Orthopedic/Mobility Impairment

Systemic Health/Medical Condition

Psychological/Psychiatric Condition

Learning Disorder

Blind or Visual Impairment

Speech Impairment

Acquired/Traumatic Brain Injury

Other Condition, 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?

⁸ 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 PARTICIPANT⁹

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.¹⁰

[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 _____

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
___ K-5 Teacher ___ Pre-K Teacher
___ Graduate Student

⁹ Questions repeat for each project participant.

¹⁰ Participant Questions apply to ONLY Alliance and Enrichment track awards.

- 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 current reporting period, did this student receive any of the following types of degree/certifications?

- Certificate 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**¹¹ _____

* **Gender** (select one)
 Male Female Not reported

* **Ethnicity** (select one)
 Hispanic or Latino
 Not Hispanic or Latino

¹¹ Enter 4 digits or select from a dropdown list?

*** Race** (mark one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

*** Condition** (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 Impairment/Orthopedic/Mobility Impairment
- Systemic Health/Medical Condition
- Psychological/Psychiatric Condition
- Learning Disorder
- Blind or Visual Impairment
- Speech Impairment
- Acquired/Traumatic Brain Injury
- Other Condition, 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)¹²
- Non-U.S. Citizen

*** Veteran Status re US Military Service** (select one)

- Active Duty
- Active Reserve
- Veteran
- No Military Service
- Not Reported

¹² 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 Amount¹³ provided to this person from NSF-RDE funding during the current reporting period \$ _____

Non-RDE Stipend Amount¹⁴ 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?

¹³ This question applies only if a stipend other than “None” was selected.

¹⁴ 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/yy¹⁵ ____ out of ____.

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

Yes No

Student Award/Honor¹⁶

Title _____

Type (select all that apply)

Monetary Award

Non-monetary Award

Other, please describe _____

¹⁵ Date of the end of the academic year – example 8/31/yy (set as a system parameter)

¹⁶ 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 institution¹⁷

	This Year	Last Year¹⁸ (read only)	Baseline¹⁹ (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			
Ethnicity			
Hispanic or Latino			
Not Hispanic or Latino			
Race			
American Indian or Alaska Native			
Asian			
Black or African American			

¹⁷ PIs will enter baseline data during their first year of data entry.

¹⁸ Display if available in system.

¹⁹ Display if available in the system.

Native Hawaiian or Other Pacific Islander			
White			
Condition			
Asperger’s Syndrome/Autism Spectrum Disorder			
Attention Deficit Disorder (ADD)/Attention Deficit			
Hyperactivity Disorder (ADHD)			
Deaf or Hard-of-Hearing (D/HoH)			
Physical Impairment/Orthopedic/Mobility Impairment			
Systemic Health/Medical Condition			
Psychological/Psychiatric Condition			
Learning Disorder			
Blind or Visual Impairment			
Speech Impairment			
Acquired/Traumatic Brain Injury			
Other Conditions			
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			
Ethnicity			
Hispanic or Latino			
Not Hispanic or Latino			
Race			
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
White			
Condition			
Asperger's Syndrome/Autism Spectrum Disorder			
Attention Deficit Disorder (ADD)/Attention Deficit			
Hyperactivity Disorder (ADHD)			
Deaf or Hard-of-Hearing (D/HoH)			
Physical Impairment/Orthopedic/Mobility Impairment			
Systemic Health/Medical Condition			
Psychological/Psychiatric Condition			
Learning Disorder			
Blind or Visual Impairment			
Speech Impairment			
Acquired/Traumatic Brain Injury			
Other Conditions			
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			
Ethnicity			
Hispanic or Latino			
Not Hispanic or Latino			
Race			
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
White			
Condition			
Asperger’s Syndrome/Autism Spectrum Disorder			
Attention Deficit Disorder (ADD)/Attention Deficit			
Hyperactivity Disorder (ADHD)			
Deaf or Hard-of-Hearing (D/HoH)			
Physical Impairment/Orthopedic/Mobility Impairment			
Systemic Health/Medical Condition			
Psychological/Psychiatric Condition			
Learning Disorder			
Blind or Visual Impairment			
Speech Impairment			

Acquired/Traumatic Brain Injury			
Other Conditions			
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			
Ethnicity			
Hispanic or Latino			
Not Hispanic or Latino			
Race			
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
White			
Condition			
Asperger's Syndrome/Autism Spectrum Disorder			
Attention Deficit Disorder (ADD)/Attention Deficit			
Hyperactivity Disorder (ADHD)			
Deaf or Hard-of-Hearing (D/HoH)			
Physical Impairment/Orthopedic/Mobility			

Impairment			
Systemic Health/Medical Condition			
Psychological/Psychiatric Condition			
Learning Disorder			
Blind or Visual Impairment			
Speech Impairment			
Acquired/Traumatic Brain Injury			
Other Conditions			
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?²⁰

Research Study Data²¹

*** List the hypotheses that this study tests: (500 character limit)**

- 1) _____
- 2) _____
- 3) _____
- 4) _____

²⁰ May be multiple entries

²¹ Questions repeat for each study.

Research Study Design

What were the research methodologies used in this research study?

[Provide text box for data entry]

Subject Group Data

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	
Control Group ²²							
Experimental Group ²³							

Subject Race Data

	American Indian/Alaska Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White		
Control Group ²⁴							
Experimental Group ²⁵							

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

²² Allow for multiple control groups in all tables

²³ Allow for multiple experimental groups in all tables

²⁴ Allow for multiple control groups in all tables

²⁵ Allow for multiple experimental groups in all tables

	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										

Subject Military Service Status

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

Subject Condition

	Condition												
	None	Asperger's Syndrome/Autism Spectrum Disorder	Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity	Deaf or Hard-of-Hearing (D/HoH)	Physical Impairment/Orthopedic Impairment	Systemic Health/Medical Condition	Psychological/Psychiatric Condition	Learning Disorder	Blind or Visual Impairment	Speech Impairment	Acquired/Traumatic Brain Injury	Other Conditions	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 Publications²⁶

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 Presentations²⁷

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 _____

²⁶ May be multiple entries

²⁷ May be multiple entries

New Tools, Measurement Methods, and Other Materials²⁸

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 _____

²⁸ May be multiple entries

Online Resources Provided²⁹

* **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

²⁹ 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 current 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 photo release form

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