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UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
OFFICE OF SPECIAL EDUCATION PROGRAMS (OSEP)

IDEA Part D Personnel Development Program
General Instructions

Scholar Data Report

Paperwork Burden Statement

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 OMB 1820-0530. The time required to complete this information collection is estimated to average 8 hours per grantee, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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. Also, if you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Special Education Programs, U.S. Department of Education, Personnel Development Program, 550 12th Street SW, Room 4114-1, Washington, D.C. 20202.

Authorization: IDEA, Part D, Sec. 682(c)

Due Date: 60 days after the start of data collection

Sampling Allowed: No

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This Scholar Data Report (SDR) is to be completed annually by all grantees supported under the Individuals with Disabilities Education Act (IDEA), Personnel Development to Improve Services and Results for Children with Disabilities, CFDA No. 84.325. The SDR is divided into two parts. Part I—Grant Identification and Part II—Preservice Personnel Data. The purpose statement is provided, followed by general instructions for completing the survey.

The SDR must be completed online at <http://www.oseppdp.ed.gov>. Except for the cover sheet, no paper forms will be accepted. See the General Instructions, Part I for guidance on submitting the cover sheet.

Purpose of the Data Collection

The Office of Special Education Program's (OSEP) Personnel Development Program (PDP) to Improve Services and Results for Children with Disabilities is one of the largest pre-service grant programs in the Department of Education. In order to ensure that OSEP is meeting the needs of children with disabilities and their families, OSEP needs to collect data on the results of training grants in terms of the number and characteristics (e.g., minority status, related professional experience) of professionals trained and the grant outcomes (e.g., training completion, certification, employment in area supported by training). These data are collected to assess program effectiveness and efficiency and to meet the reporting requirements for its program performance measures. The data will provide annual information on scholars supported under OSEP personnel development grants within and across personnel categories, including special educators certified to teach children with disabilities, related service personnel, early childhood service providers, university faculty, paraprofessionals, and other education personnel, such as administrators.

Results of the data will be used in the following ways: a) to suggest actions at the national level that can improve the supply of personnel who serve children with disabilities; b) to inform the activities and priorities specific to personnel development conducted by the U.S Department of Education; c) to determine variation in personnel development and factors related to that variation; and d) to evaluate the outcomes of the PDP using program performance measures that are required under the Government Performance and Results Act (GPRA) and the Program Assessment Rating Tool (PART).

General Instructions

Part I—Grant Identification

Part I consists of standard grant identification. Please review all information in Part I. Complete any missing information and make any necessary corrections to this information on the web site. Print the cover sheet, provide the required signatures (Project Director and Certifying Representative) and send as a pdf attachment to the OSEP Project Officer specified in Block 3 of the Grant Award Notification. The certifying official is the same as the "Authorized Representative" who signed the SF-424, the Federal cover sheet on your original application for the grant.

Part II—Annual Scholar Data Report (SDR)

Please complete Part II for each scholar who was **enrolled** on this grant during the grant budget year or no cost extension period indicated on page 1 of Part I. This survey includes scholars who were enrolled in the grant program, whether or not they received grant training funds during the current budget year.

Part II is divided into six sections.

Section A collects information on scholar characteristics;

Section B collects information on the scholar's training and employment prior to enrollment in this OSEP-supported training grant;

Section C collects information about the characteristics of the scholar's current grant-supported training;

Section D collects information about the scholar's outside employment during his/her grant-supported training. Information requested under Section D should be completed for those supported scholars who are working in positions other than work that is a training requirement;

Section E collects the scholar's training status information at the time of the scholar's graduation or exit from this grant-supported training; and

Section F collects the scholar's employment information at the time of the scholar's graduation or exit from the grant-supported training.

The form has been designed to be a *cumulative reporting record* that captures scholar-level information. That is, it is a record of a scholar's history in the grant-supported training from the time he/she enters through exiting, either by meeting the grant's requirements or by dropping out of the grant-supported training. Not all sections need to be completed each year the scholar is enrolled. Sections A and B are to be completed when the scholar enters the grant-supported training and will not change throughout the scholar's enrollment in the grant-supported training. Sections C and D should be updated annually. Section E is to be completed for each scholar when the scholar exits the grant-supported training (either through graduation or non-completion), receives a lower level degree or certification and continues to participate in the program, or when the grant ends. Section F is to be completed just once for each scholar when the scholar exits the grant-supported training or when the grant ends.

Assuring Confidentiality

When transmitting the information to OSEP or its contractor, please be careful not to send scholar names or Social Security Numbers. Each scholar must be assigned by the grantee a 3-digit Grant Award Scholar Identification Number as identified in Part II, Section A, question number 1. Please use numbers, not letters, because letters (i.e., initials) may identify an individual scholar. **Each institution must maintain a listing of identification numbers assigned to each scholar in order to provide updated information on scholars from year to year.** A scholar's identification number should be maintained throughout his or her enrollment in this grant-supported program.

U.S. Department of Education
Office of Special Education and
Rehabilitative Services
Office of Special Education Programs

**Part I Grant Identification
IDEA Part D Personnel Development**

After you have completed data entry for all scholars, this cover sheet must be signed and returned by pdf attachment to the grantee's respective OSEP Project Officer within 60 days from the start of your data collection period.

Part I Cover Sheet

Grant Number: _____

Grant Budget Year: From _____ To _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

No Cost Extension Period: From _____ To _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

Name of Agency (Grantee) and Address:

_____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

Descriptive Title of the Grant: _____

_____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

Project Director Information:

Printed Name (INFORMATION WILL BE PRINTED FOR RESPONDENT)

Signature

Telephone Number: (INFORMATION WILL BE PRINTED FOR RESPONDENT) Facsimile Number: (INFORMATION WILL BE PRINTED FOR RESPONDENT)

Electronic-mail Address: (INFORMATION WILL BE PRINTED FOR RESPONDENT)

Printed Name and Title of Certifying Representative

Signature of Certifying Representative

Please make any additions or corrections directly on the web site.

Part II: Section A. Scholar Characteristics

Enter the following information about each new scholar at entry to this grant-supported training.

1. Enter the 3-digit institution-assigned **Scholar Identification Number** (*do NOT use Social Security Numbers*): (*The Scholar Identification Number must be 3 digits. Use numbers only.*) Maintain this identification number for this scholar throughout this grant.

(Grant Award Number)

___ ___ ___

(Scholar ID Number)

Note: When you are submitting these data online, the Grant Award Number will appear at the top of the Main Menu screen. The 3-digit scholar ID number will appear at the top of each data entry screen. In order to enter data online for new scholars, you must enter the 3-digit ID number by clicking the "Add New Scholar" option located on the Main Menu. **Do not** create a new ID number for any continuing scholar, that is, any scholar who was reported in the previous budget year's data report. You must enter data on continuing scholars already in the system by clicking on the Continuing Scholar List option located on the Main Menu and then choosing the scholar's 3-digit ID number from the list.

2. Date of this scholar's enrollment in this institution's OSEP-supported training program:

____/____

mm/yyyy

3. **Gender** of scholar:

- Female
- Male

4. Is this scholar of Hispanic or Latino origin?

- Yes
- No

5. **Race** of scholar: (*Check all that apply*)

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

6. Does this scholar have a **disability**?

- Yes
- No
- Unknown

Part II: Section A. Scholar Characteristics

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

7. **Age range of scholar:**
- Under 21
 - 21-29
 - 30-39
 - 40-49
 - 50 and over
-

8. Has this scholar received funding under a different OSEP personnel development grant?
- Yes (Please specify grant number _____)
 - No
-

- 9a. (FOR LEADERSHIP GRANTEES ONLY) How many credit hours did this scholar earn prior to enrollment that were accepted towards completion of this program?
- _____

- 9b. How many credits are required to complete this program? _____

Part II: Section B. Training and Employment Background at Entry Into This Grant-Supported Training

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

This section collects information pertaining to the scholar's academic and employment background at the time the scholar entered this grant-supported training.

-
1. Check the **degree(s) or certificate(s) or endorsement(s)** the scholar held when he/she entered this grant-supported training: *(Check all that apply)*
- High school diploma or equivalency *(If only degree, go to question 4)*
 - Associate's degree
 - Bachelor's degree
 - Master's degree
 - Educational specialist
 - Doctoral degree
 - Postdoctoral degree
 - State or professional credential/certificate
 - State-issued endorsement
 - Grantee-issued endorsement

Part II: Section B. Training and Employment Background at Entry Into This Grant-Supported Training (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

2a. If scholar was granted a degree/certificate/endorsement prior to entry into this grant-supported training, the **area(s)** was: *(Check all that apply)*

- General education *(If general education only, go to question 3)*
- Special education or related services *(Select training area under 2b below)*
- Outside the field of education *(If outside of the field of education only, go to question 4)*

2b. If special education or related services is checked under 2a above, select one special education and/or one related services training area that best describes the focus of the scholar's degree/certificate/endorsement prior to entry into this grant-supported training.

Training Area	I. Special Education	Training Area	II. Related Services
<input type="checkbox"/>	General special education, cross-categorical, generic, multi-categorical, or non-categorical	<input type="checkbox"/>	Audiology
<input type="checkbox"/>	General special education, mild or moderate	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Low incidence disabilities/multiple disabilities/severe disabilities	<input type="checkbox"/>	Educational diagnostician
<input type="checkbox"/>	Combined studies: general education and special education	<input type="checkbox"/>	Interpreter/ASL
<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	Music therapy
<input type="checkbox"/>	Specific learning disabilities	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Speech/language impairment	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	Emotional disturbance/behavioral disorders	<input type="checkbox"/>	Orientation & mobility
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	Physical therapy
<input type="checkbox"/>	Deafness and/or hard-of-hearing	<input type="checkbox"/>	Rehabilitation counseling
<input type="checkbox"/>	Visual impairment and/or blindness	<input type="checkbox"/>	School counseling
<input type="checkbox"/>	Deaf/blindness	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Mental retardation: mild/moderate	<input type="checkbox"/>	Speech/language
<input type="checkbox"/>	Mental retardation: severe	<input type="checkbox"/>	Social work
<input type="checkbox"/>	Other health impairment	<input type="checkbox"/>	Therapeutic recreation
<input type="checkbox"/>	Physical impairment/orthopedic impairment	<input type="checkbox"/>	Work experience coordinator (Employment transition specialist)
<input type="checkbox"/>	Adapted physical education		
<input type="checkbox"/>	Assistive technology		
<input type="checkbox"/>	Bilingual special education/ESL/TESOL		
<input type="checkbox"/>	Early childhood/early intervention		
<input type="checkbox"/>	Special education for youth in correctional facilities		
<input type="checkbox"/>	Secondary Transition		

Part II: Section B. Training and Employment Background at Entry Into This Grant-Supported Training (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

- 2c. If appropriate, select up to three additional training areas to provide more detailed information about the scholar's focus of training prior to entry into this grant-supported training.

Training
Area

I. Special Education

- General special education, cross-categorical, generic, multi-categorical, or non-categorical
- General special education, mild or moderate
- Low incidence disabilities/multiple disabilities/severe disabilities
- Combined studies: general education and special education
- Developmental delay
- Specific learning disabilities
- Speech/language impairment
- Emotional disturbance/behavioral disorders
- Autism
- Traumatic brain injury
- Deafness and/or hard-of-hearing
- Visual impairment and/or blindness
- Deaf/blindness
- Mental retardation: mild/moderate
- Mental retardation: severe
- Other health impairment
- Physical impairment/orthopedic impairment
- Adapted physical education
- Assistive technology
- Bilingual special education/ESL/TESOL
- Early childhood/early intervention
- Special education for youth in correctional facilities
- Secondary Transition

Training
Area

II. Related Services

- Audiology
- Counseling
- Educational diagnostician
- Interpreter/ASL
- Music therapy
- Nursing
- Occupational therapy
- Orientation & mobility
- Paraprofessional
- Physical therapy
- Rehabilitation counseling
- School counseling
- Psychology
- Speech/language
- Social work
- Therapeutic recreation
- Work experience coordinator
(Employment transition specialist)

Part II: Section B. Training and Employment Background at Entry Into This Grant-Supported Training (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

3. If prior training was in special education, other education, or related services, what **age(s)** or **grades** of children was the scholar trained to provide direct or indirect services to?
(Check one)

- Early intervention (infants and toddlers)
- Early childhood (preschool, ages 3 – 5, ages 3 – 8)
- Birth through age 8
- Elementary (grades K – 6th, K – 8th, PreK - 6th, PreK – 8th)
- Middle/Jr. High school (grades 6th – 8th, 7th – 9th)
- High school (grades 9th – 12th, 10th – 12th)
- Junior/senior high combined
- Grades K – 12
- Birth through young adult (birth – age 21, birth – age out)
- Adolescents through post-secondary age/young adult
- Post-secondary age/young adult (18 – 22 years, 18 – 25 years)
- Adults with disabilities
- All ages, birth through adulthood

4. Was the scholar **employed** during the academic year, prior to entry into this grant-supported training?

- Yes No (If selected, go to Section C)

5. In what **state** was the scholar working? ____ (State abbreviation)
(Use online pull down box to select state or the outside of the country option)

6. Choose one type of **employment** that best describes the pre-entry position of this scholar:

- Special education teacher
- General education teacher (not special education)
- Early intervention, early childhood, or preschool teacher
- Special education paraprofessional/aide
- General education paraprofessional/aide (not special education)
- Early intervention, early childhood, or preschool paraprofessional/aide
- Related or supportive services in early intervention, early childhood or in a school setting
- Related or supportive services in a non-school setting (e.g., adult services)
- Administrator/coordinator
- Higher education (e.g., faculty, research assistant, practicum coordinator) (If selected, go to question 7 and then Section C)
- Outside the field of education (If selected, go to Section C)

Part II: Section B. Training and Employment Background at Entry Into This Grant-Supported Training (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

7. What **age(s) or grades** of children did the scholar provide direct or indirect services to in this pre-entry position? *(Check one)*

- Early intervention (infants and toddlers)
- Early childhood (preschool, ages 3 – 5, ages 3 – 8)
- Birth through age 8
- Elementary (grades K – 6th, K – 8th, PreK – 6th, PreK – 8th)
- Middle/Jr. High school (grades 6th – 8th, 7th – 9th)
- High school (grades 9th – 12th, 10th – 12th)
- Junior/senior high combined
- Grades K – 12
- Birth through young adult (birth – age 21, birth – age out)
- Adolescents through post-secondary age/young adult
- Post-secondary age/young adult (18 – 22 years, 18 – 25 years)
- Adults with disabilities
- All ages, birth through adulthood

8. Was this scholar {highly qualified/qualified/fully certified} for this position under IDEA and/or No Child Left Behind? {Highly qualified/Qualified/Fully certified} for purposes of this data collection means that the scholar meets the state requirements, if there are requirements in your state, for certification/licensure for this position.

- {Highly qualified/Qualified/Fully certified}
- {Not highly qualified/Not qualified/Not fully certified}
- This state does not have requirements for certification/licensure for this position.

[Note: If the position is an elementary or secondary general education/special education teacher, use “highly qualified”; if the position is general education/special education paraprofessional/aide or early intervention, early childhood or preschool paraprofessional/aide, use “qualified”; or if the position is administrator/coordinator, for related or supportive services in a school setting, or for teacher, related services, or supportive services in early intervention, early childhood, use “fully certified.”]

Part II: Section C. Current Training Information

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

Complete this section for each scholar enrolled during this grant budget year.

Note: Section C must be completed for new and continuing scholars who were enrolled in the grant program during the current budget year.

-
1. During this grant budget year, the scholar was considered by your institution to be a:
- Full-time scholar, even if the scholar worked full-time or part-time
 - Part-time scholar (anything less than full-time)
-
2. Specify the total amount of **funding** this scholar received directly from this OSEP-supported training grant during this grant budget year. In calculating the total amount, include any training stipend funds used for tuition and fees, scholar stipends, books, travel in conjunction with training assignments, and other associated training expenses. Please enter 0 for a scholar who was enrolled in the grant program but did not receive funding during the current budget year.
- \$ _____ (Round to the nearest dollar amount)
-
3. What **age(s) or grades** of children is the scholar training to provide direct or indirect services to? (Check one)
- Early intervention (infants and toddlers)
 - Early childhood (preschool, ages 3 – 5, ages 3 – 8)
 - Birth through age 8
 - Elementary (grades K – 6th, K – 8th, PreK – 6th, PreK – 8th)
 - Middle/Jr. High school (grades 6th – 8th, 7th – 9th)
 - High school (grades 9th – 12th, 10th – 12th)
 - Junior/senior high combined
 - Grades K – 12
 - Birth through young adult (birth – age 21, birth – age out)
 - Adolescents through post-secondary age/young adult
 - Post-secondary age/young adult (18 – 22 years, 18 – 25 years)
 - Adults with disabilities
 - All ages, birth through adulthood
-
4. Check the **degree(s) or certificate(s) or endorsement(s)** the scholar is pursuing through this special education or related services training grant: (Check all that apply)
- Associate's degree
 - Bachelor's degree
 - Master's degree
 - Educational specialist
 - Doctoral degree
 - Postdoctoral degree
 - State or professional credential/certificate
 - State-issued endorsement
 - Grantee-issued endorsement
 - Course completion only; no degree(s), certificate(s), or endorsement(s) will be awarded when the scholar completes the OSEP grant-supported training

Part II: Section C. Current Training Information (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

5a. Select one special education and/or one related services training area that best describes the training focus for which the scholar is enrolled.

Training Area	I. Special Education	Training Area	II. Related Services
<input type="checkbox"/>	General special education, cross-categorical, generic, multi-categorical, or non-categorical	<input type="checkbox"/>	Audiology
<input type="checkbox"/>	General special education, mild or moderate	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Low incidence disabilities/multiple disabilities/severe disabilities	<input type="checkbox"/>	Educational diagnostician
<input type="checkbox"/>	Combined studies: general education and special education	<input type="checkbox"/>	Interpreter/ASL
<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	Music therapy
<input type="checkbox"/>	Specific learning disabilities	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Speech/language impairment	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	Emotional disturbance/behavioral disorders	<input type="checkbox"/>	Orientation & mobility
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	Physical therapy
<input type="checkbox"/>	Deafness and/or hard-of-hearing	<input type="checkbox"/>	Rehabilitation counseling
<input type="checkbox"/>	Visual impairment and/or blindness	<input type="checkbox"/>	School counseling
<input type="checkbox"/>	Deaf/blindness	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Mental retardation: mild/moderate	<input type="checkbox"/>	Speech/language
<input type="checkbox"/>	Mental retardation: severe	<input type="checkbox"/>	Social work
<input type="checkbox"/>	Other health impairment	<input type="checkbox"/>	Therapeutic recreation
<input type="checkbox"/>	Physical impairment/orthopedic impairment	<input type="checkbox"/>	Work experience coordinator (Employment transition specialist)
<input type="checkbox"/>	Adapted physical education		
<input type="checkbox"/>	Assistive technology		
<input type="checkbox"/>	Bilingual special education/ESL/TESOL		
<input type="checkbox"/>	Early childhood/early intervention		
<input type="checkbox"/>	Special education for youth in correctional facilities		
<input type="checkbox"/>	Secondary Transition		

Notice to 325D (Leadership) grantees: If the special education and related services areas above are not appropriate for the training focus of your grant, please provide a brief description of the scholar's training focus below.

Part II: Section C. Current Training Information (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

5b. If appropriate, select up to three additional training areas to provide more detailed information about the scholar's focus of training.

Training Area	I. Special Education	Training Area	II. Related Services
<input type="checkbox"/>	General special education, cross-categorical, generic, multi-categorical, or non-categorical	<input type="checkbox"/>	Audiology
<input type="checkbox"/>	General special education, mild or moderate	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Low incidence disabilities/multiple disabilities/severe disabilities	<input type="checkbox"/>	Educational diagnostician
<input type="checkbox"/>	Combined studies: general education and special education	<input type="checkbox"/>	Interpreter/ASL
<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	Music therapy
<input type="checkbox"/>	Specific learning disabilities	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Speech/language impairment	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	Emotional disturbance/behavioral disorders	<input type="checkbox"/>	Orientation & mobility
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	Physical therapy
<input type="checkbox"/>	Deafness and/or hard-of-hearing	<input type="checkbox"/>	Rehabilitation counseling
<input type="checkbox"/>	Visual impairment and/or blindness	<input type="checkbox"/>	School counseling
<input type="checkbox"/>	Deaf/blindness	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Mental retardation: mild/moderate	<input type="checkbox"/>	Speech/language
<input type="checkbox"/>	Mental retardation: severe	<input type="checkbox"/>	Social work
<input type="checkbox"/>	Other health impairment	<input type="checkbox"/>	Therapeutic recreation
<input type="checkbox"/>	Physical impairment/orthopedic impairment	<input type="checkbox"/>	Work experience coordinator (Employment transition specialist)
<input type="checkbox"/>	Adapted physical education		
<input type="checkbox"/>	Assistive technology		
<input type="checkbox"/>	Bilingual special education/ESL/TESOL		
<input type="checkbox"/>	Early childhood/early intervention		
<input type="checkbox"/>	Special education for youth in correctional facilities		
<input type="checkbox"/>	Secondary Transition		

Part II: Section C. Current Training Information (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

6. At the close of this grant budget year, the scholar was:
- A scholar who completed the training supported by this grant. *(Complete Section D, then go to Section E and complete questions 1 – 9, then complete Section F.)*
 - A scholar who did not complete this OSEP-supported training and is expected to continue training during the next budget year. *(Complete Section D, then end survey.)*
 - A scholar who did not complete this OSEP-supported training and will not continue training during the next budget year. *(Complete Section D, then go to Section E and complete questions 10 – 12, then complete Section F.)*
 - A scholar who received certification or a lower level degree through this OSEP-supported training grant and who will continue participation in this OSEP-supported training grant to pursue an additional certification, endorsement, or degree. *(Complete Section D, then go to Section E and complete questions 1-3, then end survey.)*

Note: The web-based system will automatically transfer you to the correct section and question number based on your response to this question.

Part II: Section D. Employment Information During Grant Budget Year

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

This section collects information about the scholar's employment during this grant budget year. Complete for all scholars.

NOTE: Section D must be completed for new and continuing scholars who were enrolled in the grant program during the current budget year.

-
1. Was this scholar **employed** during this grant budget year? Employed scholars are scholars working in positions other than work that is a training requirement.
- Yes
 No (*Go to Section E, if applicable*)
-
2. If yes, enter the **average number of hours** per week this scholar was employed:

 (*Round to the nearest hour*)
-
3. Is this **position**:
- Same position held before entry to this grant-supported training (*Go to Section E, if applicable. Otherwise end survey.*)
 For continuing scholars only, same position held in previous budget year (*Go to Section E, if applicable. Otherwise end survey.*)
 Different or new position (*Proceed to question 4*)
-
4. Choose one **type** of employment that best describes this scholar's position:
- Special education teacher
 General education teacher (not special education)
 Early intervention, early childhood or preschool teacher
 Special education paraprofessional/aide
 General education paraprofessional/aide (not special education)
 Early intervention, early childhood or preschool paraprofessional/aide
 Related or supportive services in early intervention, early childhood or in a school setting
 Related or supportive services in a non-school setting (e.g., adult services)
 Administrator/coordinator
 Higher education (e.g., faculty, research assistant, practicum coordinator) (*If selected, go to question 5 and then Section E, if applicable*)
 Outside the field of education (*If selected, go to Section E, if applicable. Otherwise end survey.*)
-
5. If the scholar is employed in education, special education or related services, what **age(s) or grades** of children does the scholar provide direct or indirect services to? (*Check one*)
- Early intervention (infants and toddlers)
 Early childhood (preschool, ages 3 – 5, ages 3 – 8)
 Birth through age 8
 Elementary (grades K – 6th, K – 8th, PreK – 6th, PreK – 8th)
 Middle/Jr. High school (grades 6th – 8th, 7th – 9th)
 High school (grades 9th – 12th, 10th – 12th)
 Junior/senior high combined
 Grades K – 12
 Birth through young adult (birth – age 21, birth – age out)
 Adolescents through post-secondary age/young adult
 Post-secondary age/young adult (18 – 22 years, 18 – 25 years)
 Adults with disabilities
 All ages, birth through adulthood

Part II: Section D. Employment Information During Grant Budget Year

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

6. Is this scholar {highly qualified/qualified/fully certified} for this position under IDEA and/or No Child Left Behind? {Highly qualified/Qualified/Fully certified} for purposes of this data collection means that the scholar meets the state requirements, if there are requirements in your state, for certification/licensure for this position.

- {Highly qualified/Qualified/Fully certified}
- {Not highly qualified/Not qualified/Not fully certified}
- This state does not have requirements for certification/licensure for this position.

[Note: If the position is an elementary or secondary general education/special education teacher, use "highly qualified"; if the position is general education/special education paraprofessional/aide or early intervention, early childhood or preschool paraprofessional/aide, use "qualified"; or if the position is administrator/coordinator, for related or supportive services in a school setting, or for teacher, related services, or supportive services in early intervention, early childhood, use "fully certified."]

Part II: Section E. Scholar Training Status Information at Exit From This Grant-Supported Training

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

This section collects information about the scholar's training status (either through completion or non-completion) at exit from this grant-supported training or at the time a scholar receives a lower level degree or certificate.

NOTE: Questions 1 – 3 below should be answered only for those scholars who have completed this grant-supported training or who have received a lower level degree or certificate and will continue to participate in this grant-supported training. Questions 4-9 should be answered only for those scholars who have completed this grant-supported training. Exception: 325D (Leadership) grantees should not complete questions 4-9 for their scholars.

1. List the date the scholar completed this grant-supported training or received a lower level degree or certificate:

_____/_____
mm/yyyy

2. What **degree(s) or certificate(s) or endorsement(s)** did this scholar receive as a result of completing this grant-supported training: *(Check all that apply)*

- Associate's degree
- Bachelor's degree
- Master's degree
- Educational specialist
- Doctoral degree
- Postdoctoral degree
- State or professional credential/certificate
- State-issued endorsement
- Grantee-issued endorsement
- Course completion only; no degree(s), certificate(s), or endorsement(s) will be awarded when the scholar completes the OSEP grant-supported training

Part II: Section E. Scholar Training Status Information at Exit From This Grant-Supported Training (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

- 3a. Select one special education and/or one related services training area that best describes the training focus of the **degree(s) or certificate(s) or endorsements(s)** that this scholar received from this grant-supported training.

Training Area	I. Special Education	Training Area	II. Related Services
<input type="checkbox"/>	General special education, cross-categorical, generic, multi-categorical, or non-categorical	<input type="checkbox"/>	Audiology
<input type="checkbox"/>	General special education, mild or moderate	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Low incidence disabilities/multiple disabilities/severe disabilities	<input type="checkbox"/>	Educational diagnostician
<input type="checkbox"/>	Combined studies: general education and special education	<input type="checkbox"/>	Interpreter/ASL
<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	Music therapy
<input type="checkbox"/>	Specific learning disabilities	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Speech/language impairment	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	Emotional disturbance/behavioral disorders	<input type="checkbox"/>	Orientation & mobility
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	Physical therapy
<input type="checkbox"/>	Deafness and/or hard-of-hearing	<input type="checkbox"/>	Rehabilitation counseling
<input type="checkbox"/>	Visual impairment and/or blindness	<input type="checkbox"/>	School counseling
<input type="checkbox"/>	Deaf/blindness	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Mental retardation: mild/moderate	<input type="checkbox"/>	Speech/language
<input type="checkbox"/>	Mental retardation: severe	<input type="checkbox"/>	Social work
<input type="checkbox"/>	Other health impairment	<input type="checkbox"/>	Therapeutic recreation
<input type="checkbox"/>	Physical impairment/orthopedic impairment	<input type="checkbox"/>	Work experience coordinator (Employment transition specialist)
<input type="checkbox"/>	Adapted physical education		
<input type="checkbox"/>	Assistive technology		
<input type="checkbox"/>	Bilingual special education/ESL/TESOL		
<input type="checkbox"/>	Early childhood/early intervention		
<input type="checkbox"/>	Special education for youth in correctional facilities		
<input type="checkbox"/>	Secondary Transition		

Notice to 325D (Leadership) grantees: If the special education and related services areas above are not appropriate for the training focus of your grant, please provide a brief description of the training focus of the scholar's **degree(s) or certificate(s) or endorsements(s)** below.

Part II: Section E. Scholar Training Status Information at Exit From This Grant-Supported Training (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

3b. If appropriate, select up to three additional training areas to provide more detailed information about the scholar's focus of training.

Training
Area

I. Special Education

- General special education, cross-categorical, generic, multi-categorical, or non-categorical
- General special education, mild or moderate
- Low incidence disabilities/multiple disabilities/severe disabilities
- Combined studies: general education and special education
- Developmental delay
- Specific learning disabilities
- Speech/language impairment
- Emotional disturbance/behavioral disorders
- Autism
- Traumatic brain injury
- Deafness and/or hard-of-hearing
- Visual impairment and/or blindness
- Deaf/blindness
- Mental retardation: mild/moderate
- Mental retardation: severe
- Other health impairment
- Physical impairment/orthopedic impairment
- Adapted physical education
- Assistive technology
- Bilingual special education/ESL/TESOL
- Early childhood/early intervention
- Special education for youth in correctional facilities
- Secondary Transition

Training
Area

II. Related Services

- Audiology
- Counseling
- Educational diagnostician
- Interpreter/ASL
- Music therapy
- Nursing
- Occupational therapy
- Orientation & mobility
- Paraprofessional
- Physical therapy
- Rehabilitation counseling
- School counseling
- Psychology
- Speech/language
- Social work
- Therapeutic recreation
- Work experience coordinator
(Employment transition specialist)

Part II: Section E. Scholar Training Status Information at Exit From This Grant-Supported Training (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

4. Did the scholar take an exam or measure to demonstrate knowledge and skills prior to completing this training program?

- Yes (If selected, go to question 5)
- No (If selected, go to Section F)
- Don't know (If selected, Section F)

5a-e. Please select the exam or measure the scholar took to demonstrate knowledge and skills.

Drop Down List of Measures (See Appendix A for complete list)

6a-e. Did the scholar pass this exam?

- Yes
- No
- Don't know
- Not applicable, our state does not set a passing score. (If selected, go to question 8)

7a-e. Did the scholar take this exam more than once in order to pass?

- Yes
- No
- Don't know

8a-e. Did the scholar take any other exam(s) or measure(s) to demonstrate knowledge and skills prior to completing this training program?

- Yes (If selected, repeat questions 5 to 8 until no other measures, up to 5 total)
- No (If selected, go to Section F)
- Don't know (If selected, go to Section F)

Part II: Section E. Scholar Training Status Information at Exit From This Grant-Supported Training (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

NOTE: Questions 10 – 14 below should be answered only for those scholars who did not complete this grant-supported training.

10. List the date of the scholar's exit, if the scholar is no longer enrolled. If the scholar is exiting prior to completion due to grant ending, list the date the grant ended.

_____/_____
mm/yyyy

11. What are the **reason(s)** that the scholar is no longer enrolled in this grant-supported training? (*Check all that apply*)

- Transferred to another training program in special education or related services
- Transferred to another program not in special education or related services
- Financial stress or burden
- Health (physical/emotional) of self or family member
- Moved
- Obtained employment
- Other personal reasons
- Poor academic performance
- Poor practicum/field-based performance
- Grant support terminated due to grant ending (*If only option selected, go to question 13*)

12. Is it expected that the scholar will be enrolled in this grant-supported training at a future date?

- Yes
- No
- Don't know

13. Is it expected that the scholar will complete this program at a future date?

- Yes
- No (*End Survey*)
- Don't know (*End Survey*)

Part II: Section F. Scholar Employment Status at Exit From This Grant-Supported Training

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

This section collects information about the scholar's employment status at exit from this grant-supported training.

-
1. Is this scholar currently **employed** or under contract for the upcoming school year?
- Yes (*Proceed to question 2*)
 - No (*End survey*)
 - Don't know (*End survey*)
-
2. In what **state** is the scholar currently employed or will the scholar be working?
 _____ (*State abbreviation*)
 (*Use the online pull down box to select state or outside the country option.*)
-
3. Was this the same **position** held: (*Check all that apply*)
- Before entry to this grant-supported training (*If selected, go to question 6*)
 - During this grant budget year (*If selected, go to question 6*)
 - New position (*If selected, go to question 4*)
-
4. Choose one type of employment that best describes this scholar's position:
- Special education teacher
 - General education teacher (not special education) (*If selected, go to questions 5 and 7, then end survey*)
 - Early intervention, early childhood or preschool teacher
 - Special education paraprofessional/aide
 - General education paraprofessional/aide (not special education) (*If selected, go to questions 5 and 7, then end survey*)
 - Early intervention, early childhood or preschool paraprofessional/aide
 - Related or supportive services in early intervention, early childhood or in a school setting
 - Related or supportive services in a non-school setting (e.g., adult services)
 - Administrator/coordinator
 - Higher education (e.g., faculty, research assistant, practicum coordinator) (*If selected, go to questions 5 and 6, then end survey*)
 - Outside the field of education (*If selected, end survey*)

Part II: Section F. Scholar Employment Status at Exit From This Grant-Supported Training (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

5. What **age(s) or grade levels** of children is the scholar providing direct or indirect services to?
(Check one)

- Early intervention (infants and toddlers)
- Early childhood (preschool, ages 3 – 5, ages 3 – 8)
- Birth through age 8
- Elementary (grades K – 6th, K – 8th, PreK – 6th, PreK – 8th)
- Middle/Jr. High school (grades 6th – 8th, 7th – 9th)
- High school (grades 9th – 12th, 10th – 12th)
- Junior/senior high combined
- Grades K – 12
- Birth through young adult (birth – age 21, birth – age out)
- Adolescents through post-secondary age/young adult
- Post-secondary age/young adult (18 – 22 years, 18 – 25 years)
- Adults with disabilities
- All ages, birth through adulthood

Part II: Section F. Scholar Employment Status at Exit From This Grant-Supported Training (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

- 6a. If the completed scholar is employed in special education, select one special education and/or one related services training area that best describes the scholar's position.

Training Area	I. Special Education	Training Area	II. Related Services
<input type="checkbox"/>	General special education, cross-categorical, generic, multi-categorical, or non-categorical	<input type="checkbox"/>	Audiology
<input type="checkbox"/>	General special education, mild or moderate	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Low incidence disabilities/multiple disabilities/severe disabilities	<input type="checkbox"/>	Educational diagnostician
<input type="checkbox"/>	Combined studies: general education and special education	<input type="checkbox"/>	Interpreter/ASL
<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	Music therapy
<input type="checkbox"/>	Specific learning disabilities	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Speech/language impairment	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	Emotional disturbance/behavioral disorders	<input type="checkbox"/>	Orientation & mobility
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	Physical therapy
<input type="checkbox"/>	Deafness and/or hard-of-hearing	<input type="checkbox"/>	Rehabilitation counseling
<input type="checkbox"/>	Visual impairment and/or blindness	<input type="checkbox"/>	School counseling
<input type="checkbox"/>	Deaf/blindness	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Mental retardation: mild/moderate	<input type="checkbox"/>	Speech/language
<input type="checkbox"/>	Mental retardation: severe	<input type="checkbox"/>	Social work
<input type="checkbox"/>	Other health impairment	<input type="checkbox"/>	Therapeutic recreation
<input type="checkbox"/>	Physical impairment/orthopedic impairment	<input type="checkbox"/>	Work experience coordinator (Employment transition specialist)
<input type="checkbox"/>	Adapted physical education		
<input type="checkbox"/>	Assistive technology		
<input type="checkbox"/>	Bilingual special education/ESL/TESOL		
<input type="checkbox"/>	Early childhood/early intervention		
<input type="checkbox"/>	Special education for youth in correctional facilities		
<input type="checkbox"/>	Secondary Transition		

Notice to 325D (Leadership) grantees: If the special education and related services areas above are not appropriate to describe the scholar's position, please provide a brief description of the scholar's position below.

Part II: Section F. Scholar Employment Status at Exit From This Grant-Supported Training (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

- 6b. If appropriate, select up to three additional training areas to provide more detailed information about the scholar's position.

Training Area	I. Special Education	Training Area	II. Related Services
<input type="checkbox"/>	General special education, cross-categorical, generic, multi-categorical, or non-categorical	<input type="checkbox"/>	Audiology
<input type="checkbox"/>	General special education, mild or moderate	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Low incidence disabilities/multiple disabilities/severe disabilities	<input type="checkbox"/>	Educational diagnostician
<input type="checkbox"/>	Combined studies: general education and special education	<input type="checkbox"/>	Interpreter/ASL
<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	Music therapy
<input type="checkbox"/>	Specific learning disabilities	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Speech/language impairment	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	Emotional disturbance/behavioral disorders	<input type="checkbox"/>	Orientation & mobility
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	Physical therapy
<input type="checkbox"/>	Deafness and/or hard-of-hearing	<input type="checkbox"/>	Rehabilitation counseling
<input type="checkbox"/>	Visual impairment and/or blindness	<input type="checkbox"/>	School counseling
<input type="checkbox"/>	Deaf/blindness	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Mental retardation: mild/moderate	<input type="checkbox"/>	Speech/language
<input type="checkbox"/>	Mental retardation: severe	<input type="checkbox"/>	Social work
<input type="checkbox"/>	Other health impairment	<input type="checkbox"/>	Therapeutic recreation
<input type="checkbox"/>	Physical impairment/orthopedic impairment	<input type="checkbox"/>	Work experience coordinator (Employment transition specialist)
<input type="checkbox"/>	Adapted physical education		
<input type="checkbox"/>	Assistive technology		
<input type="checkbox"/>	Bilingual special education/ESL/TESOL		
<input type="checkbox"/>	Early childhood/early intervention		
<input type="checkbox"/>	Special education for youth in correctional facilities		
<input type="checkbox"/>	Secondary Transition		

Part II: Section F. Scholar Employment Status at Exit From This Grant-Supported Training (continued)

Grant Award and Scholar Identification Number: _____ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

7. Is this scholar {highly qualified/qualified/fully certified} for this position under IDEA? {Highly qualified/Qualified/Fully certified} for purposes of this data collection means that the scholar meets the state requirements, if there are requirements in your state, for certification/licensure for this position.

- {Highly qualified/Qualified/Fully certified}
- {Not highly qualified/Not qualified/Not fully certified}
- This state does not have requirements for certification/licensure for this position.

[Note: If the position is an elementary or secondary special education teacher, use “highly qualified”; if the position is special education paraprofessional/aide or early intervention, early childhood or preschool paraprofessional/aide, use “qualified”; or if the position is administrator/coordinator, for related or supportive services in a school setting, or for teacher, related services, or supportive services in early intervention, early childhood, use “fully certified.”]

End of Survey.

Appendix A: List of Measures of Knowledge and Skills

The following options will be presented in a linked pair of dropdown menus. The first drop down menu will contain the main options. The second drop down menu will dynamically populate with the secondary list based on the current selection in the first.

Main Option	Secondary List
Grantee specific test	<ul style="list-style-type: none"> • Comprehensive Exams • Defense of Dissertation • Final Oral Exam for Master's Degree • Portfolio • Practicum • Teaching Performance Assessment • Thesis • Other Specify _____
National organization test	<ul style="list-style-type: none"> • Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) Certification Exam • Adapted Physical Education National Standards (APENS) Exam • American Physical Therapy Association (APTA) Pediatric Specialist Certification • Board Certified Behavior Analyst (BCBA) Exam • Educational Interpreter Performance Assessment (EIPA) • National Blindness Professional Certification Board (NBPCB) National Orientation and Mobility Certification Exam • National Board for Professional Teaching Standards (NBPTS) Certificate • National Board for the Certification of Occupational Therapists (NBCOT) Certification • National Counselor Examination (NCE) • The National Council for Therapeutic Recreation Certification (NCTRC) • The National Physical Therapy Examination (NPTE) • Reading Instruction Competence Assessment (RICA) • Registry of Interpreters for the Deaf (RID) Certificate of Interpretation and Certificate of Transliteration (CI/CT) • Registry of Interpreters for the Deaf (RID)/National Association of the Deaf (NAD)-National Interpreter Certification • Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP) • Sign Language Proficiency Interview (SLPI) • Other Specify _____

Main Option	Secondary List
PRAXIS II	<ul style="list-style-type: none"> • Early Childhood: Content Knowledge • Early Childhood Education • Education of Deaf and Hard of Hearing Students • Education of Exceptional Students: Core Content Knowledge • Education of Exceptional Students: Learning Disabilities • Education of Exceptional Students: Mild to Moderate Disabilities • Education of Exceptional Students: Severe to Profound Disabilities • Education of Young Children • Educational Leadership: Administration and Supervision • Elementary Education: Content Area Exercises • Elementary Education: Content Knowledge • Elementary Education: Curriculum, Instruction, and Assessment • Interdisciplinary Early Childhood Education • Introduction to the Teaching of Reading • Middle School: Content Knowledge • Middle School English Language Arts • Middle School Mathematics • Pre-Kindergarten Education • Principles of Learning and Teaching: Early Childhood • Principles of Learning and Teaching: Grades K-6 • Principles of Learning and Teaching: Grades 5-9 • Principles of Learning and Teaching: Grades 7-12 • Reading Across the Curriculum: Elementary • Reading Across the Curriculum: Secondary • School Psychologist • Special Education: Application of Core Principles Across Categories of Disability • Special Education: Knowledge-delivered Core Principles • Special Education: Preschool/Early Childhood • Special Education: Teaching Students with Behavioral Disorders/Emotional Disturbances • Special Education: Teaching Students with Learning Disabilities • Special Education: Teaching Students with Mental Retardation • Speech Communication: Content Knowledge • Speech-Language Pathology • Teaching Foundations: Mathematics • Teaching Foundations: English • Teaching Speech to Students with Language Impairments • Teaching Students with Visual Impairments • Other Specify _____
State specific test	<p>SAMPLE</p> <ul style="list-style-type: none"> • Arizona (AZ) <ul style="list-style-type: none"> o Arizona Educator Proficiency Assessment (AEPA) <ul style="list-style-type: none"> ▪ Professional Knowledge: Early Childhood ▪ Professional Knowledge: Elementary ▪ Professional Knowledge: Secondary ▪ Subject Knowledge: Early Childhood Education ▪ Subject Knowledge: Elementary Education ▪ Subject Knowledge: Special Education: Cross-categorical ▪ Subject Knowledge: Special Education: Early

Main Option	Secondary List
	<p>Childhood</p> <ul style="list-style-type: none"> ▪ Subject Knowledge: Special Education: Emotional Disability ▪ Subject Knowledge: Special Education: Hearing Impaired ▪ Subject Knowledge: Special Education: Learning Disability ▪ Subject Knowledge: Special Education: Mental Retardation ▪ Subject Knowledge: Special Education: Orthopedic Impairments/Other Health Impairments ▪ Subject Knowledge: Special Education: Severely and Profoundly Disabled ▪ Subject Knowledge: Special Education: Speech and Language Impaired ▪ Subject Knowledge: Special Education: Visually Impaired <ul style="list-style-type: none"> • California (CA) <ul style="list-style-type: none"> o California Basic Educational Skills Test (CBEST) o California Subject Examinations for Teachers (CSET) <ul style="list-style-type: none"> ▪ Multiple Subjects I ▪ Multiple Subjects II ▪ American Sign Language (ASL) I ▪ American Sign Language (ASL) II ▪ American Sign Language (ASL) III o Performance Assessment for California Teachers (PACT) • Florida (FL) <ul style="list-style-type: none"> o Florida Teacher Certification Examinations (FTCE) <ul style="list-style-type: none"> ▪ General Knowledge Test (GK) ▪ Professional Education Test (PEd) ▪ Subject Area Examinations (SAE): Elementary Education K-6 ▪ Subject Area Examinations (SAE): Exceptional Student Education K-12 ▪ Subject Area Examinations (SAE): Prekindergarten/Primary PK-3 ▪ Subject Area Examinations (SAE): Preschool Education Birth-Age 4 ▪ Subject Area Examinations (SAE): Speech-Language Impaired K-12 ▪ Subject Area Examinations (SAE): Visually Impaired K-12 o Florida Educational Leadership Examination (FELE) o Florida Registry of Interpreters for the Deaf Quality Assurance Test • Other Specify _____
Other test	<ul style="list-style-type: none"> • Other Specify _____

