**Indian Education
Professional Development Grants Program
U.S. Department of Education
Semi-Annual Participant Report Form for Reporting Period  XXXX-XX**


[IDENTIFYING INFORMATION FROM GRANTEE]

**Introduction**

The Indian Education Professional Development (IE PD) Grants program provides grants to prepare and train Indians to serve as teachers and school administrators. Individuals trained under this program must perform work that is related to their training and that benefits Indian people or repay all or a portion of the cash value of training costs.

In 1993 the *Government Performance Results Act (GPRA)* was passed that requires federally funded agencies to develop and implement an accountability system based on performance measurement. Grantees are required to report on their progress toward meeting the performance measures established for each U.S. Department of Education (ED) grant program.   The Office of Indian Education (OIE) has designated this Semi-Annual Participant Report (SAPR) as the tool for obtaining participant information from grantees needed for *GPRA* reporting and determining participant compliance with service payback requirements.

There are six *GPRA* performance measures for IE PD grantees:

*Measure 1 of 6:* The percentage of participants in administrator preparation projects who become principals, vice principals, or school administrators in local educational agencies (LEAs) that enroll 5 percent or more American Indian and Alaska Native students.

*Measure 2 of 6:* The percentage of participants in teacher preparation projects who become teachers in LEAs that enroll 5 percent or more American Indian and Alaska Native students.

*Measure 3 of 6:* The percentage of program participants who meet the definition of "Highly Qualified" in section 9101(23) of the ESEA.

*Measure 4 of 6:* The percentage of program participants who complete their service requirement on schedule.

*Measure 5 of 6:* The cost per individual who successfully completes an administrator preparation program, takes a position in a school district with at least 5 percent American Indian/Alaska Native enrollment, and completes the service requirement in such a district.

*Measure 6 of 6:* The cost per individual who successfully completes a teacher preparation program, takes a position in a school district with at least 5 percent American Indian/Alaska Native enrollment, and completes the service requirement in such a district.

OIE maintains responsibility for reporting all data on *GPRA* measures and determining whether participants fulfill their service or cash payback requirements.  However, to do so, OIE requires participant information from IE PD grantees.

In the SAPR, grantees will provide identifying contact and project service information on **all** IE PD participants.  At the first SAPR submission, grantees will provide information on all IE PD participants ever enrolled in the project since the start of the grant.  For subsequent SAPR submissions, grantees will update information on participants from the previous submission and add entries for new participants.  In addition, grantees will use the SAPR to report budget information, and project-specific objectives and performance measurement data.  Grantees are required to submit the SAPR to OIE at the close of the 2nd and 4th project quarters, according to OIE reporting dates.

## Instructions for IE PD Semi-Annual Participant Report Form

The SAPR is divided into a **Cover Sheet** and the following four sections:

**Section A –Participant Information**

**Section B – Professional Development Project Measures**

**Section C– Professional Development Project Budget Information**

**Section D –Additional Information**

Follow the instructions provided below for completing each section.  If you have questions about how to complete this form, contact:

Ms. Lana Shaughnessy, (202) 205-2528

When you have completed the SAPR, please upload it to the U.S. Department of Education's electronic reporting system, e-Reports, following instructions provided by the Office of Indian Education.  In addition, please fax **only** the cover sheet of the SAPR so IE PD has a copy with the authorized signature.  Fax this to: Ms. Lana Shaughnessy, 202-260-7779, Office of Indian Education, Indian Education Professional Development Program, U.S. Department of Education.

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All data collection activities will be conducted in full compliance with ED regulations. Data collection activities will be conducted in compliance with The Privacy Act of 1974, P.L. 93-579, 5 USC 552a; and, as appropriate, the Federal common rule or ED's final regulations on the protection of human research participants. This is to maintain the confidentiality of data obtained on private persons and to protect the rights and welfare of human research subjects as contained in ED regulations.

**Instructions for Cover Sheet**

Complete the Cover Sheet with the appropriate information.  Items 1, 3, 4, 6 and 12 are to be filled out on the Cover Sheet.  Instructions for items 2 and 5 and items 7 through 12 are included in this instruction sheet.

**Year and Quarter Checklist**
The first section to complete is the year and quarter that the report represents.  The SAPR that is represented in this appendix is to be submitted by grantees at the close of the 2$^{nd}$ and 4$^{th}$ quarters of each project year.

Using the checklist provided, please indicate which year and quarter the report represents.  For example, checking off the box next to Y2, Q4 indicates that this is the SAPR for the 4$^{th}$ quarter of year 2 of the project.

**Question 2.   Grantee NCES ID Number**

Please enter the current National Center for Education Statistics (NCES) ID number of the grantee. Grantees that are State Educational Agencies (SEAs) should enter their state's FIPS (Federal Information Processing Standards) code in item 2.    Item 2 applies only to grantees that are Institutions of Higher Education (IHE), State educational agencies (SEAs), local educational agencies (LEAs), public libraries, and public, charter, and private elementary or secondary schools.  If this item is not applicable to your grant, leave this item blank.

Please go to the applicable website listed below to obtain the grantee's NCES ID number or FIPS code. Depending on your organization type, this number will range from 2 to 12 digits.

- For IHEs (IPEDS ID); Public Libraries (Library ID); and Public, Charter and Private Schools (NCES School ID):  http://nces.ed.gov/globallocator
- For LEAs (NCES District ID):  http://nces.ed.gov/ccd/districtsearch/
- For SEAs (FIPS code):  To obtain your state's FIPS code, please search on any public school district in your state at:  http://nces.ed.gov/ccd/districtsearch/.  The FIPS code is the first two digits of the NCES District ID number for any public school district in a state.

**Note:**  Newly established organizations that do not yet have an NCES ID number should leave item 2 blank.   However, once the organization's NCES ID number has been established, it must be entered on all future submissions of this form.

**Question 5.  Grantee Address**

**Instructions for Submitting Address Changes**

If the address that is listed in Block 1 of your grant award notification (GAN) has changed, either submit the new address in Section D (Additional Information) or submit the change through e-Administration, the administrative action function of e-Grants.

## Question 7.  Reporting Period

For grantees submitting a SAPR at the close of the 2nd quarter, the reporting period covers the 2nd quarter of the project year.  For grantees submitting a SAPR at the close of the 4th quarter, the reporting period covers the 4th quarter of the project year.  The start and end date of each quarter is based on each grantee's award date.[1]

## Question 8.  Budget Expenditures [Also See Section C]

The budget expenditure information requested in items 8a. – 8c. must be completed by your Business Office.

Note:  For the purposes of this report, the term budget expenditures means allowable grant obligations incurred during the reporting quarter (i.e., the quarter that has just ended). .

For budget expenditures made with Federal grant funds, you must provide an explanation in Section C (Budget Information), if you have not drawn down funds from the Grant Administration and Payment System (GAPS) to pay for these budget expenditures.

- Report the actual budget expenditures for the 2nd quarter (if submitting a SAPR for the 2nd quarter) or the 4th quarter (if submitting a SAPR for the 4th quarter) in item 8a.   Please separate expenditures into Federal grant funds and non-Federal funds (match/cost-share) expended for the project during the entire previous budget period.
- Report the actual budget expenditures for the reporting quarter to date (i.e., through 30 days before the due date of this report) in item 8b.  Please separate expenditures into Federal grant funds and non-Federal funds (match/cost-share) expended for the project during the current budget period to date.

## Question 9.  Indirect Costs

**The indirect cost information requested in Items 9a. – 9d. must be completed by your Business Office.**

- Item 9a -- Please check "yes" or "no" in item 9a. to indicate whether or not the grantee is claiming indirect costs under this grant.
- Item 9b. -- If "yes" in item 9a. was checked, please indicate in item 9b. whether or not the grantee's organization has an Indirect Cost Rate Agreement that was approved by the Federal government.
- Item 9c. -- If "yes" in item 9b. was checked, please indicate in item 9c. the beginning and ending dates covered by the Indirect Cost Rate Agreement.  In addition, please indicate whether ED or another Federal agency (Other) issued the approved agreement.  If "Other" was checked, please specify the name of the Federal agency that issued the approved agreement.  If  "Other" was checked, please specify the type of indirect cost rate.
- Item 9d. --For grants under Restricted Rate Programs (EDGAR, 34 CFR 75.563), please indicate whether the grantee is using a restricted indirect cost rate that is included on the approved Indirect Cost Rate Agreement or whether you are using a restricted indirect cost rate that complies with 34 CFR 76.564(c)(2).  Note:  State or local government agencies may not use the provision for a restricted indirect cost rate specified in EDGAR, 34 CFR 76.564(c)(2).  Check only one response.  If this item is not applicable to your grant, leave it blank.

## Question 10.  Annual Institutional Review Board (IRB) Certification

IRB Certification is not required.

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[1] Grantees will receive a list of reporting due dates from the IE PD program office.

**Question 11. Performance Measure Status**

The grantee must indicate whether or not complete data on performance measures for the reporting quarter are included in the Section B (Professional Development Project Measures).

If complete data on performance measures are not included in Section B, the grantee must indicate the date when the data will be made available.

If the grantee has any known internal control weaknesses concerning data quality (as disclosed through audits or other reviews), this information must be disclosed under Section D (Additional Information) as well as the remedies taken to ensure the accuracy, reliability, and completeness of the data.

**Question 12.  Certification**

**The grantee's authorized representative must sign the certification for this form**.   The authorized representative is the person who signed the grant application or has been officially designated to sign this performance report.  OIE should receive documentation indicating who the authorized representatives are **and** whether changes have occurred since signing of the grant application.

### Instructions for Section A – Participant Information

Participant information is collected on four pages.  Page 1 collects data on individual participants (contact information, etc.), while page 2 collects data on an alternate contact for each participant.  Page 3 collects data on each participant's project training completion status, and page 4 collects information on each participant's post-project placement and position (i.e., employment), if known.  All information must be current as of the SAPR due date.

Participant information should be updated and submitted to the program office at the close of the grantee's 2nd and 4th project quarters, according to OIE reporting dates.  The SAPR should contain a running tally of participants.

- **For the first SAPR submission**, grantees must provide the data for all participants ever enrolled in the project since the beginning of the grant.  This includes:
    - o   participants who are currently enrolled;
    - o   participants who were enrolled but are currently on a leave of absence;
    - o   participants who were enrolled but successfully completed the project training; and
    - o   participants who dropped out of the project.

- **For subsequent SAPR submissions,** the grantee should:

    - o   Update information on participants included in the last submission.  Please delete outdated information for a participant and replace with updated information including any leaves of absence or other project exits. The SAPR form includes a checkbox to indicate if there are no updates (the final column of each table allows you the chance to check off "*no changes necessary*").
    - o   Add entries for participants who enrolled in project training since the last submission of the SAPR, regardless of whether the new enrollees are still currently in the program, have successfully completed the program, are currently on a leave of absence, or have dropped out of the project.

Never delete a participant from the SAPR, even after a participant exits the project.  Grantees are not expected to follow up with any participant after the participant exits the project.  Thus, for each submission to ED, the SAPR always contains data on **all project participants since the beginning of the grant**, even though some participants may have exited project services.

The following provides specific instructions to complete each page of Section A:

**Section A, Page 1** collects data on individual participants in each grantee's project as of the SAPR due date.  As shown in Exhibit A (below), 13 variables are collected on page 1.  These are:
1) *Social Security Number (SSN):* this cell requests each participant's SSN.  SSN is needed because it is a unique identifier for participants, will facilitate tracking of participant data, and will be important for locating a participant if the IE PD program office loses contact with the participant before his or her service payback requirement is completed.

2) *Last name:* this cell requests each participant's last name, as noted on the participant application forms and registration/course documents.  It is important to note that a participant's name might change over time; this field should be updated as necessary.

3) *First name:* this cell requests each participant's first name, as noted on the participant application forms and registration/course documents.

4) *Address:* this cell requests each participant's street address of residence or mail receipt, as noted on the participant's most recent registration/course documents. Complete address information also can be retrieved by asking the participant for this information.

5) *City:* this cell requests each participant's city of residence or mail receipt, as noted on the participant's most recent registration/course documents. Complete address information also can be retrieved by asking the participant for this information.

6) *State (ST):* this cell requests each participant's state of residence or mail receipt, as noted on the participant's most recent registration/course documents. Complete address information also can be retrieved by asking the participant for this information.

7) *Zip:* this cell requests the zip code that corresponds to each participant's street address, city and state of residence or mail receipt, as noted on the participant's most recent registration/course documents. Complete address information also can be retrieved by asking the participant for this information.

8) *Date of birth*: this cell requests the date of birth for each participant, as noted on participant application and registration forms. Enter the date of birth (DOB) as the 2 digit month, the 2 digit day, and the 4 digit year. For example, a date of birth of January 30, 1970 would be entered as 01-30-1970. Once this value is entered, it should never change over the course of the participant's enrollment.

9) *Home phone:* this cell requests each participant's home telephone number, as noted on the participant's most recent registration/course documents. If the telephone number is not collected on registration documents, ask the participant for this information directly.

10) *Cell phone:* this cell requests each participant's cellular telephone number (if available), as noted on the participant's most recent registration/course documents. If the cell phone number is not collected on registration documents, ask the participant for this information directly. If a cell phone number is not available, enter N/A in this cell.

11) *Email:* this cell requests each participant's email address (if available), as noted on the school records and/or registration/course documents. This information also can be retrieved by asking the participant for this information. If an email address is not available, enter N/A in this cell.

12) *Maiden Name, if applicable*: this cell requests a participant's maiden name, in the event that the participant is using or has used a maiden name to complete application and registration forms and then changes surname while in project services or decides to use maiden name along with another last name (for example, a spouse's surname). If a maiden name is not applicable, enter N/A into this cell. If a participant's surname changes over the course of project services, enter the "old" name into this cell while updating the cell for last name.

13) *No changes necessary:* this cell only should be checked off if there were no additions or updates to a participant's information. This cell should be left unchecked the first time data are entered for a participant.

Grantees should initially complete page 1 for each participant enrolling in the PD project. This

information should be updated at the close of the 2nd and 4th project quarters to meet OIE reporting dates, until the participant completes or exits the program.

**Exhibit A: Section A, Page 1 (with example)**

| Participant Information | | | | | | | | | | | | No Changes Necessary |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SSN | Last Name | First Name | Address | City | ST | Zip | Date of Birth | Home Phone | Cell Phone | Email | Maiden Name, if applicable | |
| 123-45-6789 | Doe | John | 123 Main Street | Washington | DC | 20202 | 01-30-1970 | 123-456-7890 | 123-567-8901 | name@ server.com | n/a | ☐ |
| | | | | | | | | | | | | ☐ |
| | | | | | | | | | | | | ☐ |
| | | | | | | | | | | | | ☐ |

**Section A, Page 2** collects data on alternate contact information for individual participants in each grantee's project as of the SAPR due date. All information should be obtained directly from the participant. As shown in Exhibit B (below), 10 variables are collected on page 2. These are:

1) *SSN:* this cell requests the participant's SSN, first entered in Section A, Page 1. This ensures that data for each participant can be tracked over the four pages of the data collection form.

2) *Alternate Contact Name:* this cell requests each participant's alternate contact's (someone who will always know where the participant is) first and last name.

3) *Alternate Contact Address:* this cell requests each participant's alternate contact's street address of residence or mail receipt.

4) *Alternate Contact City:* this cell requests each participant's alternate contact's city of residence or mail receipt.

5) *Alternate Contact State (ST):* this cell requests each participant's alternate contact's state of residence or mail receipt.

6) *Alternate Contact Zip:* this cell requests the zip code that corresponds to each participant's alternate contact's street address, city and state of residence or mail receipt.

7) *Alternate Contact Phone:* this cell requests each participant's alternate contact's telephone number.

8) *Alternate Contact Cell Phone:* this cell requests each participant's alternate contact's cell phone number. If a cell phone number is not available, enter N/A into this cell.

9) *Alternate Contact Email:* this cell requests each participant's alternate contact's email address, if available. If email address is not available, enter N/A into this cell.

10) *No changes necessary:* this cell only should be checked off if there were no additions or updates to a participant's alternate contact information. This cell should be left unchecked the first time data are entered for a participant.

Grantees should initially complete page 2 for each participant enrolling in the PD project. This

information should be updated at the close of the 2nd and 4th project quarters to meet to OIE reporting dates, until the participant completes or exits the program.

**Exhibit B: Section A, Page 2 (with example)**

| Alternate Contact: "Someone who will always know where you are" | | | | | | | | | No Changes Necessary |
|---|---|---|---|---|---|---|---|---|---|
| SSN | Alternate Contact Name | Alternate Contact Address | Alternate Contact City | Alt. Contact ST | Alt. Contact ZIP | Alt. Contact Phone | Alt. Contact Cell Phone | Alt. Contact Email | |
| 123-45-6789 | John Hancock | 456 Side Street | Washington | DC | 20202 | 987-654-3210 | n/a | jhancock@ed.gov | ☐ |
| | | | | | | | | | ☐ |
| | | | | | | | | | ☐ |
| | | | | | | | | | ☐ |

**Section A, Page 3** collects data on each participant's completion status as of the SAPR due date. Before completing any cells for a participant, complete the header field that reads "participant status as of (DATE)", where date is the SAPR due date. If a participant drops out of the project, but later re-enrolls, add another entry (i.e., a new row) for the participant that reflects information about the second enrollment including its start date, nature of training, completion status, and degree and certification information as described below. Be sure to include the participant's SSN for the new entry. Note that a second entry is not necessary for participants returning from a leave of absence.

As shown in Exhibit C (below), 13 variables are collected on page 3. These are:

1) *SSN:* this cell requests the participant's SSN, first entered in Section A, Page 1. This ensures that data for each participant can be tracked over the four pages of the data collection form.

2) *Start Date:* this cell requests the date the participant started project training. This should be the same start date as that used for determining the number of months in training for IE PD service payback requirements. Enter the start date as the 2 digit month, the 2 digit day, and the 4 digit year.
.
3) *Nature of project training:* this cell requires data on whether the participant is enrolled in or has been enrolled in either the administrator or the teacher preparation program. Note, if the nature of training changes over time (i.e., over the entire period of a participant's enrollment), please add the new training program to the cell and put date of change in project training in parentheses; do not delete prior entries.

**Items 4 and 5 are to be completed if the participant has exited the project after successfully completing or dropping out of project training.**
4) *Project exit due to successful completion*: this cell requests the date the participant officially exited the program after successfully completing project training. **Note, successful completion of project training does not include induction services.**
   - If a participant successfully completed project training, enter the exit date as the 2 digit month, the 2 digit day, and the 4 digit year and leave item 5 blank.
   - If a participant dropped out of the project, leave cell blank but complete item 5.
   - If a participant is currently enrolled or taking a leave of absence, leave cell blank.

5) *Project exit without successful completion:* this cell requests the date each participant officially exits the program without successful completion such as drop out (which can be non-successful completion

of training or non-completion of training) or failure to return to program after leave of absence (i.e., passive drop out).
- If the participant dropped out of the project, enter the exit date as the 2 digit month, the 2 digit day, and the 4 digit year.
- If a participant successfully completed project training, leave the cell blank.
- If a participant is currently enrolled or taking a leave of absence, leave the cell blank.

**Items 6 and 7 are to be completed if the participant has not exited the project but either is still enrolled in project training or taking a leave of absence from project training.**

6)  *Project enrollment status:* this cell requests the enrollment status
- If a participant is currently enrolled, enter "enrolled".
- If a participant is taking a leave of absence, enter "leave of absence".
- If a participant has successfully completed project training or dropped out of the project, leave the cell blank.

7)  *Expected exit date:* this cell requests the expected exit date for each participant
- If a participant is currently enrolled, enter the expected exit date.
- If a participant is taking a leave of absence, enter the expected exit date.
- If a participant has successfully completed project training or dropped out of the project, leave the cell blank.

**Items 8 and 9 are to be completed if the project awards a degree after successful completion of project training.**

8)  *Degree attained after project training:* this cell requests data, if applicable, on the degree attained by participants who successfully completed project training (e.g., Bachelor of Education, Master of Arts). Note, not all projects award degrees upon successful completion of project training. Thus, this data item only is required if applicable to the project service model.
- If the project does not award a degree, enter "not applicable".
- If the project awards a degree, complete cells as follows:
    - o  If a participant successfully completed project training and attained a degree, enter the degree attained.
    - o  If a participant successfully completed project training but did not attain a degree, enter "degree not awarded".
    - o  If a participant is currently enrolled, is taking a leave of absence, or dropped out of the project, leave the cell blank.
.
9)  *Major field of study:* this cell requires data on the major field of study associated with a participant's degree. For example, a participant may achieve a Bachelor of Education degree with a major in science education. Note, not all projects award degrees upon successful completion of project training. Thus, this data item only is required if applicable to the project service model.
- If the project does not award a degree, enter "not applicable".
- If the project awards a degree, complete cells as follows:
    - o  If a participant successfully completed project training and attained a degree, enter the participant's major field of study for his/her degree.
    - o  If a participant successfully completed project training but did not attain a degree, enter "degree not awarded".
    - o  If a participant is currently enrolled, taking a leave of absence, or dropped out of the project, leave the cell blank.

**Items 10 and 11 are to be completed if the project awards certification after successful completion of project training.**

10) *Area of certification attained after project training:* this cell requests data, if applicable, on the certification attained by participants who successfully completed project training.  Note, not all projects award certification upon successful completion of project training.  Thus, this data item only is required if applicable to the project service model.
- If the project does not award a certification, enter "not applicable".
- If the project awards a certification, complete cells as follows:
    - o If a participant successfully completed project training and attained a certification, enter the area of certification.
    - o If a participant successfully completed project training but did not attain a certification, enter "certification not awarded".
    - o If a participant is currently enrolled, taking a leave of absence, or dropped out of the project, leave the cell blank.

11) *Major field of certification:* this cell requires data on the major field associated with a participant's certification.  For example, a participant may achieve certification to teach middle school with a major focus of science.
- If the project does not award a certification, enter "not applicable".
- If the project awards a certification, complete cells as follows:
    - o If a participant successfully completed project training and attained a certification, enter the major field of certification.
    - o If a participant successfully completed project training but did not attain a certification, enter "certification not awarded".
    - o If a participant is currently enrolled, taking a leave of absence, or dropped out of the project, leave the cell blank.

**Item 12 is to be completed for all participants who exit the project either successfully or unsuccessfully.**

12) *Primary subject emphasized in training:* this cell requests data, if applicable, on the primary subject area emphasized in the participant's training.  This cell should be completed with responses that indicate the **subject area** that the participant received training in such as Reading, Science, or Mathematics.

- If a participant successfully completed project training, enter the primary subject emphasized in training.
- If a participant dropped out of the project, enter the primary subject emphasized in training.
- If a participant is currently enrolled or taking a leave of absence, leave the cell blank.

13) *No changes necessary:* this cell only should be checked off if there were no additions or updates to a participant's information.  This cell should be left unchecked the first time data are entered for a participant.

Grantees should initially complete items 1, 2, 3, 6 and 7 on page 3 for each participant enrolling in the PD project.  Grantees should update this information (except for items 1 and 2) or add information for other relevant items at the close of the 2nd and 4th project quarters to meet to OIE reporting dates, until the participant completes or exits the program.

Exhibit C: Section A, Page 3 (with example)

| | | | Participant Status as of (DATE) | | | | | | | | | | No changes necessary |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SSN | Start Date | Nature of project training | If participant has exited… Project exit date | | If participant has not exited… | | For participants receiving a degree… | | For participants receiving certification … | | | | |
| | | | Exit with successful completion | Exit without successful completion | Project enrollment status | Expected exit date | Degree attained AFTER | Major field of study | Certification attained AFTER | Major field of certification | Primary subject emphasized | | |

| | | | | | | | **PROJECT TRAINING** | | **PROJECT TRAINING** | | in training | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 123-45-6789 | 9/01/2004 | Teacher | 6/30/2005 | | | | Bachelor in Education | Science education | Elementary Ed | All subjects | Science | ☐ |
| | | | | | | | | | | | | ☐ |
| | | | | | | | | | | | | ☐ |
| | | | | | | | | | | | | ☐ |

**Note:** If a participant drops out of the project, but later re-enrolls, add another entry (i.e., a new row) for the participant that reflects information about the second enrollment including its start date, nature of training, completion status, and degree and certification information.  Be sure to include the participant's SSN for the new entry.


**Section A, Page 4** collects data on each participant's post-project placement status, if known, and each participant's total months in training and total training costs for service payback, and expected date of service payback completion.   These data should only be entered for participants who have exited project training.  If a participant's post-project placement includes employment at more than one school at the same time, enter the placement name, city, and state as well as employment status for each position on separate rows.  Be sure to enter the SSN for each row associated with a participant.

Before completing any cells for a participant, complete the header field that reads "participant status as of (DATE)", where date is the SAPR due date.  As shown in Exhibit D (below), 10 variables are collected on page 4.  These are:

   1) *SSN:*  this cell requests the participant's SSN, first entered in Section A, Page 1.   This ensures that data for each participant can be tracked over the four pages of the data collection form.

   2) *Placement:* this cell requests placement data, if known, for each participant who exits project training.  Placement data refers to the name of the school each individual participant receives a position in after exiting project training.
      • If this information is not known for a participant who exits project training, enter "unknown."
      • If a participant is currently enrolled or taking a leave of absence, leave this cell blank.

   3) *Placement city:* this cell requests the city of the school each individual participant receives a position in after exiting project training, if known.
      • If this information is not known for a participant who exits project training, enter "unknown."
      • If a participant is currently enrolled or taking a leave of absence, leave this cell blank.

   4) *Placement state:* this cell requests the state of the school each individual participant receives a position in after exiting project training, if known.
      •  If this information is not known for a participant who exits project training, enter "unknown."
      • If a participant is currently enrolled or taking a leave of absence, leave this cell blank.

   5) *Position:* this cell requests position data, if known, for each participant who exits project training.
      • If the participant took an administrative position, enter "administrative".
      • If the participant took a teaching position, enter "teacher" and the grade level and subjects taught, if known.
      • If this information is not known for a participant who exits project training, enter "unknown."

- If a participant is currently enrolled or taking a leave of absence, leave this cell blank.


6) *Full- or part-time employment status:* this cell requests whether the participant's position is a full- or part-time position, if known.

7) *Total months in training:* this cell requests the total months of project training valid for accruing service or cash payback (i.e., total months enrolled and receiving training) in the project for each participant who exits the project, regardless of successful or non-successful completion of project training. One month of training accrues when a participant attends 2 or more weeks of training in a calendar month.
   - If a participant is currently enrolled or taking a leave of absence, leave this cell blank.

8) *Total training costs:* this cell requests the total training costs incurred for each participant who exits the project regardless of successful or non-successful completion of project training. Total training costs are the total dollar amount the participant received in tuition, fees, books, childcare, and other expenses.
   - If a participant is currently enrolled or taking a leave of absence, leave this cell blank.


9) *Expected date of service payback completion:* this cell requires the grantee to calculate each participant's expected date of service payback completion.  Service payback is calculated through approved part-time and full-time employment and is calculated as time for time.  For example, if a participant received 2 years of training they could offer either 2 years of approved full-time employment or 4 years with approved part-time employment to fulfill their service payback obligation.

10) *No changes necessary:* this cell only should be checked off if there were no additions or updates to a participant's information.  This cell should be left unchecked the first time data are entered for a participant.

Grantees should complete page 4 for each participant at or about the time that the participant exits the project.  This information should be submitted to OIE at the close of the 2nd and 4th quarters of the project year to meet OIE reporting dates.

**Exhibit D: Section A, Page 4 (with example)**

| Participant Placement Status and Service Requirement Completion as of (DATE) | | | | | | | | Expected date of service payback completion | No changes necessary |
|---|---|---|---|---|---|---|---|---|---|
| SSN[1] | Placement | Placement City | Placement State | Position[2] | Full- or part-time employ-ment status | Total months in training | Total training costs | | |
| 1109 | John Adams Elementary School | Washington | District of Columbia | Teacher grade 5 | Full time | 20 | $12,000 | 12/31/2007 | ☐ |
| | | | | | | | | | ☐ |
| | | | | | | | | | ☐ |
| | | | | | | | | | ☐ |

[1] If a participant's post-project placement includes employment at more than one school at the same time, enter the placement name, city, and state as well as employment status for each position on separate rows.  Be sure to enter the SSN for each row associated with a participant.

[2] For participants who are teachers, also enter the grade level and subjects taught if known.


**Instructions for Section B – Professional Development Project Goals and Objectives**

In the approved grant application, grantees establish project objectives stating what they expect to achieve with the funded grant project.  Generally, one or more performance measures are established for each project objective designed to demonstrate whether a project met or made progress toward meeting project objectives.

According to the instructions below, for each project objective included in the approved grant application, grantees are to provide quantitative and/or qualitative data for each associated performance measure and a description of preliminary findings or outcomes that demonstrate that they have met or are making progress towards meeting the performance measure.  An explanation must also accompany the data on the performance measures.

**Project Objective:**

Enter each project objective that is included in the approved grant application.  Only one project objective should be entered per row.  Project objectives should be numbered sequentially, i.e., 1., 2., 3., etc.

Grantees are expected to report on individual or other project measures and progress in achieving project objectives.

**Performance Measure:**

For each project objective, enter each associated performance measure. Multiple performance measures may be associated with each project objective. Enter only one performance measure per row. Each performance measure that is associated with a particular project objective should be labeled using an alpha indicator. Example: The first performance measure associated with project objective "1" should be labeled "1.a.," the second performance measure for project objective "1" should be labeled "1.b.," etc.

**Quantitative Data:**

**Target and Actual Performance Data**
Grantees must provide the targets established for meeting each performance measure and provide actual performance data demonstrating progress toward meeting or exceeding this target. Only quantitative (numeric) data should be entered in the Target and Actual Performance Data boxes.

The Target and Actual Performance Data boxes are each divided into three columns: **Raw Number, Ratio, and Percentage (%).**

For performance measures that are stated in terms of a single number (e.g., the number of participants), the target and actual performance data should be reported as a single number under the **Raw Number column** (e.g., **10** workshops or **20** teachers). Please leave the **Ratio and Percentage (%) columns** blank. For performance measures that are stated in terms of a percentage (e.g., percentage of teachers participating), complete both the **Ratio column** and the **Percentage (%) column**. Please leave the **Raw Number column** blank.

In the **Ratio column** (e.g., **30/40**), the numerator represents the numerical target (e.g., the number of teachers intended for outreach) or actual performance data (e.g., the number of teachers who participated), and the denominator represents the number of teachers funded to be served under each objective. Please enter the corresponding percentage (e.g., **75%)** in the **Percentage (%) column.**

If the collection of quantitative data is not appropriate for a particular performance measure, please leave the Target and Actual Performance Data boxes blank and provide an explanation and any relevant qualitative data for the performance measure in the section entitled, **Explanation of Progress.**

### Instructions for Section C – Professional Development Project Budget Information

- Report budget expenditure data in items 8a. – 8c. of the Cover Sheet, as applicable. Please follow the instructions for completing items 8a. – 8c. included in this instruction sheet.
- For budget expenditures made with Federal grant funds, grantees must provide an explanation if funds have not been drawn down from GAPS to pay for the budget expenditure amounts reported in items 8a. – 8c of the Cover Sheet.
- Provide an explanation if the funds were not expended at the expected rate during the reporting period.
- Describe any changes to the budget that affected the grantee's ability to achieve the approved project activities and/or project objectives.
- Describe any significant changes to the budget resulting from modification of project activities.
- At times there may be unexpended funds at the end of the current budget period. In these cases, explain why this has occurred, provide an estimate of the value of the unexpended funds, and indicate how the unexpended funds (carryover) will be used in the next budget period.
- Describe any anticipated changes in the budget for the next budget period that require prior approval from ED.

## Instructions for Section D – Additional Information

- If applicable, please provide a list of current partners on the grant and indicate if any partners changed during the reporting period.  The grantee needs to anticipate any change in partners during the next budget period. If you are submitting a 2nd quarter SAPR, the next budget period is the 3rd quarter of the project year.  If you are submitting a 4th quarter SAPR, the next budget period id the 1st quarter of the following project year.   If any of the partners changed during the reporting period, the grantee must describe whether this affected the ability to achieve approved project objectives and/or project activities.
- If instructed by the program office, grantees must report on any statutory reporting requirements for this grant program.
- Describe any changes that the grantee wishes to make in the grant's activities for the next budget period that are consistent with the scope and objectives of the approved application.
- If the grantee requests a change to the approved key personnel listed in Block 4 of his/her GAN for the next budget period, please indicate the name, title, and percentage of time of the requested key personnel. Additionally, please attach a resume or curriculum vitae for the proposed key personnel when the performance report is submitted. Note:  Do not report on any key personnel changes made during the current or previous budget period(s).  Departmental approval must be requested and received prior to making key personnel changes.
- Provide any other appropriate information about the status of the project, including any unanticipated outcomes or benefits from the project.

### Cover Sheet –Indian Education Professional Development Program
### Semi-Annual Participant Report

**Check one:**
    ☐ **Y1, Q2**                        ☐ **Y1, Q4**
    ☐ **Y2, Q2**                        ☐ **Y2, Q4**
    ☐ **Y3, Q2**                        ☐ **Y3, Q4**
    ☐ **Y4, Q2**                        ☐ **Y4, Q4**
    ☐ **Y5(no cost extension) Q2**        ☐ **Y5(no cost extension) Q4**

**General Information**

1. PR/ Number: _____                          2. NCES ID#: _____

    *(Block 5 of the Grant Award Notification - 11 Characters.)*     *(See Instructions - Up to 12 Characters.)*

3 Project Title: _____

    *(Enter the same title as on the approved application.)*

4. Grantee Name *(Block 1 of the Grant Award Notification):* _____

5. Grantee Address *(See Instructions)*

6. Project Director Name: _____              Title: _____

    Ph #: (   ) ____ - _____   Ext: (   )            Fax # : (   ) _____ - _____

    Email Address: _____

**Reporting Period Information** *(See Instructions.)*

7. Reporting Period:    From: ___/___/___        To: ___/___/___    (mm/dd/yyyy)

**Budget Expenditures** *(To be completed by your Business Office.  See instructions.  Also see Section C.)*

8. Budget Expenditures

|  | **Federal Grant Funds** | **Non-Federal Funds** *(Match/Cost-Share)* |
|---|---|---|
| a. Previous Budget Period |  |  |
| b. Current Budget Period |  |  |
| c. Entire Project Period To Date |  |  |

**Indirect Cost Information** *(To be completed by your Business Office.  See instructions.)*

9. Indirect Costs

    a. Are you claiming indirect costs under this grant? ___Yes ___No

    b. If yes, do you have an Indirect Cost Rate Agreement approved by the Federal Government? ___Yes ___No

    c. If yes, provide the following information:

        Period Covered by the Indirect Cost Rate Agreement: From: ___/ ___/___     To: ___/___/___  (mm/dd/yyyy)

        Approving Federal agency:   ___ED ___Other *(Please specify)*: _____

    d. For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:

        ___ Is included in your approved Indirect Cost Rate Agreement?

        ___ Complies with 34 CFR 76.564(c)(2)?

**Human Subjects** *(See Instructions.)*

10. Annual Certification of Institutional Review Board (IRB) Approval? ___Yes ___No ___N/A

**Performance Measures Status and Certification** *(See Instructions.)*

11. Performance Measures Status

a. Are complete data on performance measures for the current budget period included in Section B (the Professional Development Project Measures)?                     ____Yes ____No

b. If no, when will the data be available and submitted to ED? _____

12. To the best of my knowledge and belief, all data in this performance report are true and correct and the report fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the data.

_____ Title: _____
Name of Authorized Representative:

_____ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_
Signature:

> When you have completed the SAPR, please upload it to the U.S. Department of Education's electronic reporting system, e-Reports, following instructions provided by the Office of Indian Education. In addition, please fax the cover sheets only of the SAPR so we have a copy with an authorized signature.  Fax this to: Ms. Lana Shaughnessy, 202-260-7779, Office of Indian Education, Indian Education Professional Development Program, U.S. Department of Education.

OMB Reference Number:
OMB Expiration Date:

Project Name:_____     PR Number: _____     Reporting Period: _____

### A. Participant Information (use additional forms as necessary)

**Page 1: Student Information**
The first row contains an example.

| Student Information | | | | | | | | | | | | | No Changes Necessary |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SSN | Last Name | First Name | Address | City | ST | Zip | Date of Birth | Home Phone | Cell Phone | Email | Maiden Name, if applicable | | |
| 123-45-6789 | Doe | John | 123 Main Street | Washington | DC | 20202 | 01-30-1970 | 123-456-7890 | 123-567-8901 | name@server.com | n/a | | ☐ |
| | | | | | | | | | | | | | ☐ |
| | | | | | | | | | | | | | ☐ |
| | | | | | | | | | | | | | ☐ |
| | | | | | | | | | | | | | ☐ |
| | | | | | | | | | | | | | ☐ |
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| | | | | | | | | | | | | | ☐ |
| | | | | | | | | | | | | | ☐ |

OMB Reference Number:
OMB Expiration Date:

Project Name:_____    PR Number: _____    Reporting Period: _____

| | | | | | | | | | | | ☐ |
|---|---|---|---|---|---|---|---|---|---|---|---|

Project Name:_____     PR Number: _____     Reporting Period: _____

**A. Participant Information (use additional forms as necessary)**

**Page 2: Alternate Contact Information**
The first row contains an example.

| Alternate Contact: "Someone who will always know where you are" | | | | | | | | | No Changes Necessary |
|---|---|---|---|---|---|---|---|---|---|
| SSN | Alternate Contact Name | Alternate Contact Address | Alternate Contact City | Alt. Contact ST | Alt. Contact ZIP | Alt. Contact Phone | Alt. Contact Cell Phone | Alt. Contact Email | |
| 123-45-6789 | John Hancock | 456 Side Street | Washington | DC | 20202 | 987-654-3210 | n/a | jhancock@ed.gov | ☐ |
| | | | | | | | | | ☐ |
| | | | | | | | | | ☐ |
| | | | | | | | | | ☐ |

OMB Reference Number:
OMB Expiration Date:


Project Name:_____     PR Number: _____     Reporting Period: _____

### A.  Participant Information (use additional forms as necessary)

**Page 3: Participant Completion Status[1]**
The first row contains an example.

| | | | Participant Status as of (DATE) | | | | | | | | | | No Changes Necessary |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SSN | Start date | Nature of project training[2] | If participant has exited… **Project exit date** | | If participant has not exited… | | For participants receiving a degree… | | For participants receiving certification … | | | | |
| | | | Exit with successful completion[3] | Exit without successful completion | Project enrollment status | Expected exit date | Degree attained AFTER PROJECT TRAINING[4] | Major field of study[5] | Certification attained AFTER PROJECT TRAINING[6] | Major field of certification[7] | Primary subject - emphasized in training[8] | |
| 123-45-6789 | 9/1/2004 | Teacher | 6/30/2005 | | | | Bachelor in Education | Science Education | Elementary Ed | All subjects | - Science | ☐ |
| | | | | | | | | | | | | ☐ |
| | | | | | | | | | | | | ☐ |
| | | | | | | | | | | | | ☐ |

Project Name:_____      PR Number: _____      Reporting Period: _____

## Table Notes for Page 3: Participant Completion Status

[1] If a participant drops out of the project, but later re-enrolls, add another entry (i.e., a new row) for the participant that reflects information about the second enrollment including its start date, nature of training, completion status, and degree and certification information.  Be sure to include the participant's SSN for the new entry.

[2] If the nature of project training changes over time (i.e., over the entire period of a participant's enrollment), please add additional training programs to the cell and put date of change in project training in parentheses; do not delete prior entries.

[3] Note, successful completion of project training does not include induction services.

[4] If applicable, the degree attained by participants who successfully completed project training.  Note, not all projects award degrees upon successful completion of project training.  Thus, this data item only is required if applicable to the project service model. If the project does not award a degree, enter "not applicable" in this cell.  If the project awards a degree but the participant did not successfully attain the degree, despite completion of project training, enter "degree not awarded" in this cell.  Leave this cell blank if a participant has not yet exited project training or has exited the project without successful completion of training.

[5] The major field of study associated with a participant's degree.  If the project does not award a degree, enter "not applicable" in these cells.  If the project awards a degree but the participant did not successfully attain the degree, despite completion of project training, enter "degree not awarded" in these cells.  Leave this cell blank if a participant has not yet exited project training or has exited the project without successful completion of training.

[6] If applicable, the certification attained by participants who successfully completed project training.  Note, not all projects award certification upon successful completion of project training.  Thus, this data item only is required if applicable to the project service model.  This item is to be completed if the project awards certification after successful completion of project training.  If the project does not award certification, enter "not applicable" in this cell.  If the project awards certification but the participant does not successfully attain certification, despite completion of project training, enter "certification not awarded" in this cell.  Leave this cell blank if a participant has not yet exited project training or has exited the project without successful completion of training.

[7] The major field associated with a participant's certification.  This item is to be completed if the project awards certification after successful completion of project training.  If the project does not award certification, enter "not applicable" in this cell.  If the project awards certification but the participant does not successfully attain certification, despite completion of project training, enter "certification not awarded" in this cell.  Leave this cell blank if a participant has not yet exited project training or has exited the project without successful completion of training.

Project Name:_____          PR Number: _____     Reporting Period: _____

[8] The primary subject area emphasized in a participant's training.  Complete this item for all participants who exit project training.  Leave this cell blank if a participant has not yet exited project training.

OMB Reference Number:
OMB Expiration Date:

Project Name:_____     PR Number: _____     Reporting Period: _____

### A. Participant Information (use additional forms as necessary)

### Page 4: Participant Placement Status[1]
The first row contains an example.

| Participant Placement Status as of (DATE) | | | | | | | | | | No Changes Necessary |
|---|---|---|---|---|---|---|---|---|---|---|
| SSN | Placement | Placement City | Placement State | Position[2] | Full- or part-time employment status | Total months in training | Total training costs | Expected date of service payback completion | | |
| 123-45-6789 | John Adams Elementary School | Washington | District of Columbia | Teacher grade 5 | Full time | 20 | $12,000 | 12/31/2007 | | ☐ |
| | | | | | | | | | | ☐ |
| | | | | | | | | | | ☐ |
| | | | | | | | | | | ☐ |
| | | | | | | | | | | ☐ |
| | | | | | | | | | | ☐ |
| | | | | | | | | | | ☐ |
| | | | | | | | | | | ☐ |

[1] If a participant's post-project placement includes employment at more than one school at the same time, enter the placement name, city, and state as well as employment status for each position on separate rows.  Be sure to enter the SSN for each row associated with a participant.

OMB Reference Number:
OMB Expiration Date:


Project Name:_____     PR Number: _____    Reporting Period: _____

[2] For participants who are teachers, also enter the grade level and subjects taught if known.

Project Name:_____     PR Number: _____     Reporting Period: _____

**B. Professional Development Project Measures** *(Use as many pages as necessary).*

**Project Objective:**

| 1.a. Performance Measure | Quantitative Data | | | | | |
|---|---|---|---|---|---|---|
| | Target | | | Actual Performance Data | | |
| | **Raw Number** | **Ratio** | **%** | **Raw Number** | **Ratio** | **%** |
| | | **/** | | | **/** | |
| | | | | | | |

Explanation of Progress (Include Qualitative Data, Data Resulting from Experimental or Quasi-Experimental Design, and Data Collection Information). (*Use as many pages as necessary).*

- Data explanations.

- Assessment timelines.

- Any information that would help to explain the information given under this measure.

- An explanation if progress was not made and steps for addressing the issue.

- How data and information were used to make improvements in the project.

OMB Reference Number:
OMB Expiration Date:

Project Name:_____     PR Number: _____     Reporting Period: _____

| 1.b.  Performance Measure | Quantitative Data | | | | | |
|---|---|---|---|---|---|---|
| | Target | | | Actual Performance Data | | |
| | Raw Number | Ratio | % | Raw Number | Ratio | % |
| | | / | | | / | |
| | | | | | | |

Explanation of Progress (Include Qualitative Data, Data Resulting from Experimental or Quasi-Experimental Design, and Data Collection Information). (*Use as many pages as necessary).*

- Data explanations.

- Assessment timelines.

- Any information that would help to explain the information given under this measure.

- An explanation if progress was not made and steps for addressing the issue.

- How data and information were used to make improvements in the project.

OMB Reference Number:
OMB Expiration Date:

Project Name:_____     PR Number: _____   Reporting Period: _____

**C.**     **Professional Development Project Budget Information** (*See instructions*)

Project Name:_____      PR Number: _____    Reporting Period: _____

**D.**      **Additional Information** (*See instructions*)

Project Name:_____      PR Number: _____    Reporting Period: _____