# 2024 MA Ed Prep State Annual Report

## Your Organization

### Please enter your organization's IPEDs ID, if applicable:For help, see [https://nces.ed.gov/ipeds](https://nces.ed.gov/ipeds/use-the-data)

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### Please enter your email address.A copy of your completed survey will be sent to this address once submitted.\*

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## Program Information

#### ADMISSION InformationFor each element listed below, indicate if it is required for ADMISSION into any of your Initial licensure program(s) at either the undergraduate (UG-Initial) or post-baccalaureate (PB-Initial) level, and if it is required for ANY of your educator preparation programs at either the undergraduate (UG-all progs) or post-baccalaureate (PB-all progs) level. Choose N/A if this element does not apply to your program(s). If available, this has been pre-populated using last year's data.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **UG-Initial** | **PB-Initial** | **UG-All Prep Programs** | **PB-All Prep Programs** |
| Transcript |  |  |  |  |
| Fingerprint Check |  |  |  |  |
| Background Check |  |  |  |  |
| Minimum number of course/credits/semester hours completed |  |  |  |  |
| Minimum GPA |  |  |  |  |
| Minimum GPA in content area coursework |  |  |  |  |
| Minimum GPA in professional education coursework |  |  |  |  |
| Minimum ACT score |  |  |  |  |
| Minimum SAT score |  |  |  |  |
| Minimum basic skills test score |  |  |  |  |
| Subject area/academic content test or other subject matter verification |  |  |  |  |
| Recommendation(s) |  |  |  |  |
| Essay or personal statement |  |  |  |  |
| Interview |  |  |  |  |

#### Enrollment GPA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **UG-Initial** | **PB-Initial** | **UG-All Prep Programs** | **PB-All Prep Programs** |
| What is the median GPA of students at admission to the program? |  |  |  |  |
| What is the minimum required GPA for entry into the program? |  |  |  |  |

#### COMPLETION InformationFor each element listed below, indicate if it is required for EXIT from any of your Initial licensure program(s) at either the undergraduate (UG-Initial) or post-baccalaureate (PB-Initial) level, and if it is required for ANY of your educator preparation programs at either the undergraduate (UG-all progs) or post-baccalaureate (PB-all progs) level.Choose N/A if this element does not apply to your program(s). If available, this has been pre-populated using last year's data.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **UG-Initial** | **PB-Initial** | **UG-All Prep Programs** | **PB-All Prep Programs** |
| Transcript |  |  |  |  |
| Fingerprint Check |  |  |  |  |
| Background Check |  |  |  |  |
| Minimum number of course/credits/semester hours completed |  |  |  |  |
| Minimum GPA |  |  |  |  |
| Minimum GPA in content area coursework |  |  |  |  |
| Minimum GPA in professional education coursework |  |  |  |  |
| Minimum ACT score |  |  |  |  |
| Minimum SAT score |  |  |  |  |
| Minimum basic skills test score |  |  |  |  |
| Subject area/academic content test or other subject matter verification |  |  |  |  |
| Recommendation(s) |  |  |  |  |
| Essay or personal statement |  |  |  |  |
| Interview |  |  |  |  |

#### Exit GPA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **UG-Initial** | **PB-Initial** | **UG-All Prep Programs** | **PB-All Prep Programs** |
| What is the median GPA of students at exiting the program? |  |  |  |  |
| What is the minimum required GPA for exit from the program? |  |  |  |  |

## Faculty Demographics

#### Faculty and Staff by Gender(Insert numerical value in each column)

|  |  |  |
| --- | --- | --- |
|  | **Initial Teacher Licensure Programs Only** | **All Educator Preparation Programs** |
| Total full-time equivalent of faculty and staff |  |  |
| Unduplicated number of males faculty and staff |  |  |
| Unduplicated number of females faculty and staff |  |  |
| Unduplicated number of non-binary/other faculty and staff |  |  |
| Number of faculty who opted not to disclose gender |  |  |

#### Faculty and Staff by Ethnicity(Insert numerical value in each column)

|  |  |  |
| --- | --- | --- |
|  | **Initial Teacher Licensure Programs Only** | **All Educator Preparation Programs** |
| Ethnicity undisclosed by faculty |  |  |
| Hispanic/Latinx of any race |  |  |

#### Faculty and Staff by Race(Insert numerical value in each column)

|  |  |  |
| --- | --- | --- |
|  | **Initial Teacher Licensure Programs Only** | **All Educator Preparation Programs** |
| American Indian or Alaska Native |  |  |
| Asian |  |  |
| Black or African American |  |  |
| Native Hawaiian or Other Pacific Islander |  |  |
| White |  |  |
| Two or more races |  |  |
| Race undisclosed by faculty |  |  |

#### ****Student/Faculty Ratio****(Insert numerical value in each column)

|  |  |  |
| --- | --- | --- |
|  | **Initial Teacher Licensure Programs Only** | **All Educator Preparation Programs** |
| Number of students per faculty member |  |  |

## Candidate Demographics

## Data Verification

### ****By signing and dating, you are verifying that the program data in the EDWIN: Ed Prep - SAR/Title II Report is accurate.****

Please date here:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Supervised Clinical Experience

#### Enter the ****approximate**** distribution of your candidates’ pre-practicum and practicum field-based experiences.We expect these values to be best estimates.

#### What percentage of your candidates complete their field-based experiences:

via a student teaching model?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

via a residency model through your program?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

while employed as a Teacher of Record?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Provide the following information about supervised clinical experience (Field-Based Experiences) for ****programs with student teaching models****.Insert numerical values in each column or NA if Not Applicable

|  |  |  |
| --- | --- | --- |
|  | **Initial Teacher Licensure Programs Only** | **All Educator Preparation Programs** |
| Number of clock hours required by your program prior to the practicum (i.e., pre-practicum hours in a classroom setting). |  |  |
| Number of clock hours required by your program for the practicum (i.e., practicum or practicum equivalent) |  |  |

#### Provide the following information about supervised clinical experience (Field-Based Experiences) for programs in which ****candidates are the teacher of record in a classroom during the program.****Insert numerical values in each column or NA if Not Applicable

|  |  |  |
| --- | --- | --- |
|  | **Initial Teacher Licensure Programs Only** | **All Educator Preparation Programs** |
| Number of clock hours of supervised clinical experience required prior to teaching as the teacher of record in a classroom |  |  |
| Years required for teaching as the teacher of record in a classroom  |  |  |

####

#### Provide the following information about supervised clinical experience (Field-Based Experiences) for ****all programs.****Insert numerical values in each column or NA if Not Applicable

|  |  |  |
| --- | --- | --- |
|  | **Initial Teacher Licensure Programs Only** | **All Educator Preparation Programs** |
| Number of full-time equivalent faculty supervising clinical experience during this academic year (IHE staff) |  |  |
| Number of full-time equivalent adjunct faculty supervising clinical experience during this academic year (IHE staff) |  |  |
| Number of cooperating teachers/K-12 staff supervising clinical experience during this academic year (Supervising Practitioners) |  |  |
| Number of students in supervised clinical experience during this academic year (including practicum, practicum equivalent, and pre-practicum) |  |  |
| Average hours per week for practicum |  |  |
| Average number of weeks for practicum |  |  |
| Average number of clock hours required for induction/mentoring support |  |  |

#### Program and Practicum Completion: Insert numerical values in each column or NA if Not Applicable

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Teacher, Initial, Baccalaureate** | **Teacher, Initial, Post-Baccalaureate** | **Teacher, Professional** | **Specialist Teacher, Initial** | **Administrator, Initial** | **Professional Support, Initial** |
| Average number of courses required for program completion |  |  |  |  |  |  |
| Average number of practicum hours required for program completion |  |  |  |  |  |  |

## Annual Goals

### Prior Year's Goal #1(pre-populated if available)

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### Describe your Organization's progress on prior year's goal #1

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### Prior Year's Goal #2(pre-populated if available)

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### Describe your Organization's progress on prior year's goal #2

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### Prior Year's Goal #3(pre-populated if available)

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### Describe your Organization's progress on prior year's goal #3

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#### Upcoming Year Goal #1: Identify an improvement goal for your organization's educator preparation programs and indicate with which Domain it is most closely aligned.

( ) Organization

( ) Partnerships

( ) Continuous Improvement

( ) Candidate

( ) Field-Based Experiences

( ) Instruction

### Goal #1:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Upcoming Year Goal #2: Identify an improvement goal for your organization's educator preparation programs and indicate with which Domain it is most closely aligned.

( ) Organization

( ) Partnerships

( ) Continuous Improvement

( ) Candidate

( ) Field-Based Experiences

( ) Instruction

### Goal #2:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Upcoming Year Goal #3: Identify an improvement goal for your organization's educator preparation programs and indicate with which Domain it is most closely aligned.

( ) Organization

( ) Partnerships

( ) Continuous Improvement

( ) Candidate

( ) Field-Based Experiences

( ) Instruction

### Goal #3:

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## Substantial Changes

### ****Change #1****

#### Select category from list

( ) No Substantial Changes Made

( ) Change in practicum or pre-practicum requirement

( ) Change in control or ownership of the organization

( ) Change in faculty or administration

( ) Change in finances/budget

( ) Change in coursework requirements or offerings

( ) Change in program delivery method

( ) Addition or closing of satellite or off-site location

( ) Addition or removal of program

( ) Other

#### Essay

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### ****Change #2****

#### Select category from list

( ) No Substantial Changes Made

( ) Change in practicum or pre-practicum requirement

( ) Change in control or ownership of the organization

( ) Change in faculty or administration

( ) Change in finances/budget

( ) Change in coursework requirements or offerings

( ) Change in program delivery method

( ) Addition or closing of satellite or off-site location

( ) Addition or removal of program

( ) Other

#### Essay

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### ****Change #3****

#### Select category from list

( ) No Substantial Changes Made

( ) Change in practicum or pre-practicum requirement

( ) Change in control or ownership of the organization

( ) Change in faculty or administration

( ) Change in finances/budget

( ) Change in coursework requirements or offerings

( ) Change in program delivery method

( ) Addition or closing of satellite or off-site location

( ) Addition or removal of program

( ) Other

#### Essay

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## Progress on Formal Review Findings

### **Progress on Formal Review Findings (if applicable)**Please share around 50-150 words about each program approval Finding from your most recent review.Add as many text boxes as necessary.

#### Progress on Finding:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Initial Teacher Programs?

#### During the 2022-2023 year, was your organization approved to offer INITIAL TEACHER licensure programs?Note: Organizations that offer *****only***** professional, specialist teacher, professional support personnel, and/or administrative leadership programs should answer "No". Even if you did not enroll or complete candidates from these programs, you are still required to answer "Yes" below. \*

( ) Yes

( ) No

## Goals and Assurances

### Teacher Quality Partnership (TQP)  Grant

#### Indicate if your institution is a member of a Teacher Quality Partnership (TQP) Grant:

( ) Yes

( ) No

TQP Grant name or number, if applicable: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### What percentage of candidates are formally admitted into your Initial teaching licensure program(s)?Use whole numbers only, totaling no more than 100%, for ****Baccalaureate programs only.****

Freshman Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sophomore Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Junior Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Senior Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Indicate when students are formally admitted into your ****Initial Post-Baccalaureate licensure programs****:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Do your Initial teacher licensure programs conditionally admit students?

( ) Yes

( ) No

( ) N/A

#### Do participants earn a degree upon completion of your initial teacher program(s)?

( ) Yes

( ) No

( ) Other - Write In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Teacher Shortage Areas

#### Teacher shortage areas (current year)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Goal for number of completers (insert numerical value)** | **Goal met** | **Description of strategies used to achieve goal ( max characters 128 )** | **Description of steps to improve performance in meeting goal or lessons learned in meeting goal (max characters 256 )** |
|  |  | **Yes** | **No** | **N/A** |  |  |
| **Special Education (Total)** |  |  |  |  |  |  |
| -Moderate Disabilities |  |  |  |  |  |  |
| -Severe Disabilities |  |  |  |  |  |  |
| -Early Childhood (PreK-2) |  |  |  |  |  |  |
| -Speech / Language / Hearing Disorders |  |  |  |  |  |  |
| **Mathematics (Total)** |  |  |  |  |  |  |
| **Modern Foreign Languages (Total)** |  |  |  |  |  |  |
| -Spanish |  |  |  |  |  |  |
| -French |  |  |  |  |  |  |
| -Chinese |  |  |  |  |  |  |
| -Portuguese |  |  |  |  |  |  |
| -Italian |  |  |  |  |  |  |
| -German |  |  |  |  |  |  |
| -Latin and/or Classical Humanities |  |  |  |  |  |  |
| **Science (Total)** |  |  |  |  |  |  |
| -Biology |  |  |  |  |  |  |
| -Physics |  |  |  |  |  |  |
| -Chemistry |  |  |  |  |  |  |
| -Earth Science |  |  |  |  |  |  |
| -General Science |  |  |  |  |  |  |
| **Reading/English Language Arts (Total)** |  |  |  |  |  |  |
| -English/Language Arts |  |  |  |  |  |  |
| -Reading |  |  |  |  |  |  |
| **ELL/TBE (Total)** |  |  |  |  |  |  |
| -ESL |  |  |  |  |  |  |

## Assurances

#### Select Yes, No, or N/A for each statement certifying that your institution is in compliance with the following assurances:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| Training provided to prospective teachers responds to the identified needs of the local educational agencies or states where the institution's graduates are likely to teach, based on past hiring and recruitment trends |  |  |  |
| Training provided to prospective teachers is closely linked with the needs of schools and the instructional decisions new teachers face in the classroom |  |  |  |
| Prospective special education teachers are prepared in core academic subjects and to instruct in core academic subjects |  |  |  |
| General education teachers receive training are prepared to provide instruction to children with disabilities |  |  |  |
| General education teachers receive training are prepared to provide instruction to limited English proficient students |  |  |  |
| General education teachers receive training are prepared to provide instruction to children from low-income families |  |  |  |
| Prospective teachers are prepared to effectively teach in urban and rural schools, as applicable |  |  |  |

#### Describe your institution's most successful strategies in meeting the assurances listed above:max characters 256

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Approval/Accreditation

### Provide the following information about the approval or accreditation of your teacher preparation program.

#### Is your teacher preparation program currently approved or accredited?

( ) Yes

( ) No

( ) N/A

#### If yes, please specify the organization(s) that approved or accredited your program:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| State |  |  |  |
| NCATE |  |  |  |
| TEAC |  |  |  |
| Other |  |  |  |
| CAEP |  |  |  |

#### Is your teacher preparation program currently under a designation as low-performing by the state?

( ) Yes

( ) No

( ) N/A

## Use of Technology

### Provide the following information about the use of technology in your teacher preparation program.

#### Does your program prepare teachers to:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Integrate technology effectively into curricula and instruction |  |  |
| Use technology effectively to collect data to improve teaching and learning |  |  |
| Use technology effectively to manage data to improve teaching and learning |  |  |
| Use technology effectively to analyze data to improve teaching and learning |  |  |

#### Provide a description of how your program prepares teachers to ****INTEGRATE TECHNOLOGY**** effectively into curricula and instruction and to use technology effectively to collect, manage, and analyze data in order to improve teaching and learning for the purpose of increasing student academic achievement. Include planning activities and a timeline if any of the four elements listed above are not currently in place.max characters 256

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## Teacher Training

#### Does your program prepare GENERAL EDUCATION teachers to:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| effectively teach students with disabilities. |  |  |  |
| participate as a member of individualized education program teams. |  |  |  |
| effectively teach students with limited English proficiency. |  |  |  |

#### Does your program prepare SPECIAL EDUCATION teachers to:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| effectively teach students with disabilities. |  |  |  |
| participate as a member of individualized education program teams. |  |  |  |
| effectively teach students with limited English proficiency. |  |  |  |
| Our organization does not prepare special education teachers. |  |  |  |

### Provide a description of how you program prepares GENERAL EDUCATION teachers to teach students with disabilities effectively, including training related to participation as a member of individualized education program teams, as defined in section 614(d)(1)(B) of the Individuals with Disabilities Education Act, and to effectively teach students who are limited English proficient. Include planning activities and a timeline if any of the six elements listed above are not currently in place. max characters 256

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### Provide a description of how your program prepares SPECIAL EDUCATION teachers to teach students with disabilities effectively, including training related to participation as a member of individualized education program teams, as defined in section 614(d)(1)(B) of the Individuals with Disabilities Education Act, and to effectively teach students who are limited English proficient. Include planning activities and a timeline if any of the six elements listed above are not currently in place. max characters 256

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## Save and/or Print

## Certification and Submission

### Name and title of responsible representative for educator preparation program(s)\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Name of President/Chief Executive (or designee)\*

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