|  | **Annual Report (SAR/Title II Worksheet)** |
| --- | --- |
| **Annual Report** | Data submitted in this report refers to two Annual Reporting requirements: the Massachusetts State Annual Report (SAR), which is collected pursuant to the regulations for Educator Licensure and Preparation Program Approval (603 CMR 7.00); and the Title II Report, which is collected pursuant to Section 205 of Title II of the Higher Education Opportunity Act.  This optional worksheet was created to help Sponsoring Organizations with the collection and organization of their programmatic data. You may wish to input your data on the worksheet and use it as the source for data entry into the online survey. This approach tends to minimize online navigation problems and data errors. *It should be noted that the worksheet does not visually represent what the survey screen will look like, however the content of the questions is identical.*  Directions: Follow prompts to enter data into **all areas that are shaded orange**. Do not leave anything blank.  Important NOTE: The system does not accept non-alphanumeric symbols (e.g. decimal point, percentage sign, forward/backward slashes). If entered, you will receive an error message. |
| **⮚ Section 1: Program Information (SAR)** |
| **⮚ Section 2: Goals and Assurances** |
| **⮚ Section 3: Statement and Designation as Low-performing** |
| **⮚ Section 4: Use of Technology** |
| **⮚ Section 5: Teacher Training** |
| **⮚ Section 6: Certification** |
| **Section 1: (SAR) – Program Information** |
|  |
|  | |

| **(A1)** For 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. (§205(a)(1)(c)(i)) Choose N/A if this element does not apply to your program(s). | | | | |
| --- | --- | --- | --- | --- |
| **Element** | **The drop-down menu in each cell will require that you choose one of three values, Yes, No, or N/A. Choose Yes if is required, no if is not, and N/A if you do not offer those types of programs.**  **Cells with no drop-down option (star/bolded elements) require a \*numerical value** | | | |
| **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 |  |  |  |  |
| **\*What is the median GPA of students at admission to the program?** |  |  |  |  |
| Minimum GPA |  |  |  |  |
| **\*What is the minimum required GPA for entry into the program?** |  |  |  |  |
| 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 |  |  |  |  |
| Other |  |  |  |  |

| **(A2)**For 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. (§205(a)(1)(c)(i))Choose N/A if this element does not apply to your program(s). | | | | |
| --- | --- | --- | --- | --- |
| **Element** | **The drop-down menu in each cell will require that you choose one of three values, Yes, No, or N/A. Choose Yes if is required, no if is not, and N/A if you do not offer those types of programs.**  **Cells with no drop-down option (star/bolded elements) require a numerical value** | | | |
| **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 |  |  |  |  |
| **\*What is the median GPA of students exiting the program?** |  |  |  |  |
| Minimum GPA |  |  |  |  |
| **\*What is the minimum required GPA for exit from the program?** |  |  |  |  |
| 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 |  |  |  |  |
| Other |  |  |  |  |

| **(B)** Provide the number of candidates **ENROLLED** in the preparation program in the following categories. Note that you must report on the number of students by ethnicity and race separately. Individuals who are non-Hispanic/Latino will be reported in one of the race categories. Also note that individuals can belong to one or more racial groups, so the sum of the members of each racial category may not necessarily add up to the total number of students enrolled**.** | | |
| --- | --- | --- |
| **Enrollment by Gender** | **Insert numerical value in each column** | |
| **Initial Teacher Licensure Programs Only** | **All Educator Preparation Programs** |
| Total number of students enrolled |  |  |
| Unduplicated number of males enrolled |  |  |
| Unduplicated number of females enrolled |  |  |
| Number of students who opted not to disclose gender |  |  |
| Number of students per faculty member |  |  |
|  | | |
| **Enrollment by Ethnicity** | **Insert numerical value in each column** | |
| **Initial Teacher Licensure Programs Only** | **All Educator Preparation Programs** |
| Ethnicity undisclosed by student |  |  |
| Hispanic/Latino of any race |  |  |
|  | | |
| **Enrollment 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 student |  |  |

| **(C)** Provide the number of **FACULTY AND STAFF** in the preparation program in the following categories. Note that you must report on the number of faculty by ethnicity and race separately. Individuals who are non-Hispanic/Latino will be reported in one of the race categories. Also note that individuals can belong to one or more racial groups, so the sum of the members of each racial category may not necessarily add up to the total number of faculty enrolled. | | |
| --- | --- | --- |
| **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 male faculty and staff |  |  |
| Unduplicated number of female 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/Latino 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 |  |  |

| **(D)** Provide the following information about **SUPERVISED CLINICAL EXPERIENCE** (Field-Based Experiences). | | |
| --- | --- | --- |
| **Staffing** | **Insert numerical value in each column** | |
| **Initial Teacher Licensure Programs Only** | **All Educator Preparation Programs** |
| Average number of clock hours required by your program prior to the practicum (i.e., Pre-practicum hours in a classroom setting). |  |  |
| Average number of clock hours required by your program for the practicum (i.e. Practicum or Practicum Equivalent) |  |  |
| Number of full-time equivalent faculty in supervising clinical experience during this academic year |  |  |
| Number of full-time equivalent adjunct faculty in supervising clinical experience during this academic year (IHE and PreK-12 staff, including the Program Supervisor) |  |  |
| Number of students in supervised clinical experience during this academic year (including both Practicum and Practicum Equivalent and Pre-practicum |  |  |
| Average hours/week practicum |  |  |
| Average number of weeks for practicum |  |  |
| Average number of clock hours required for mentoring/induction support |  |  |
| Please provide any additional information about or description of the **SUPERVISED CLINICAL EXPERIENCE.** **Insert text below** | | |
|  | | |

| **Goals:** Describe your organization’s progress on 2018-19’s goals.  Describe up to **THREE GOALS** for the upcoming year (2019-20). Indicate with which [Domain](http://www.doe.mass.edu/edprep/toolkit/1819/criterialist.pdf) the goal is most closely aligned.  Next year you will be asked to report on your progress toward each goal. | | |
| --- | --- | --- |
|  | **Insert text below** | |
| Describe your organization’s progress on prior year’s goal #1 | To view your 2018 goals:   * Go to [ESE's public profiles page](http://profiles.doe.mass.edu/search/search.aspx?leftNavId=) * Select “Ed Prep Provider (EPPP)” * Select your Sponsoring Organization * On the left side of the screen- click “Annual Goals” | |
| Describe your organization’s progress on prior year’s goal #2 |  | |
| Describe your organization’s progress on prior year’s goal #3 |  | |
| 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. | **Domain** (*select one*):  Organization  Partnerships  Continuous Improvement  Candidate  Field-Based Experiences  Instruction | Goal: |
| 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. | **Domain** (*select one*):  Organization  Partnerships  Continuous Improvement  Candidate  Field-Based Experiences  Instruction | Goal: |
| 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. | **Domain** (*select one*):  Organization  Partnerships  Continuous Improvement  Candidate  Field-Based Experiences  Instruction | Goal: |

| **Program and Practicum Completion** | | **Insert numerical value in each column (Write N/A if appropriate)** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |  |  |  | |  |  |  |
|  | | | | | | | | |
| **Substantial Changes:** Describe up to three substantial changes to your educator preparation programs over the past year. Select the change category that best describes each change | | | | | | | | |
| **Change Category is a drop down list**   * **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** | | | | | | | | |
| Change #1 |  | | | | Select category from above list | | | |
| Change #2 |  | | | | Select category from above list | | | |
| Change #3 |  | | | | Select category from above list | | | |

| **Progress on formal review findings (if applicable):** If your SO was formally reviewed during 2017-18 and issued any findings, please provide a brief update on your progress towards addressing *each* finding below. |
| --- |
|  |

| When completing the survey, you will be asked to go to the **Ed Prep- SAR/Title II report** in ELAR to review the program data below. The data is based on your Sponsoring Organization’s data entry into Early ID. If the data within the report is inaccurate, you may correct those errors by making necessary changes in Early ID. If changes are made in Early ID, they will update automatically and be reflected the next time you run the Ed Prep- SAR/Title II report. | | | | |
| --- | --- | --- | --- | --- |
| **Program** | **Number students enrolled** | **Non-practicum coursework completers** | **Number of program completers** |
| ***Pre-populated*** |  |  |  |
| **“** |  |  |  |
| **“** |  |  |  |
| **“** |  |  |  |
| **“** |  |  |  |
| **“** |  |  |  |
| **“** |  |  |  |
| **“** |  |  |  |
| **“** |  |  |  |
| **“** |  |  |  |

* This data will be pre-populated from Early ID and will be different for each Sponsoring Organization.

If you’d like to review the specific candidates reported as enrolled, non-practicum coursework completers, and program completers for the reporting year (2017-18), you may do so by running Edwin report 801.

* Log onto the Security Portal
* Click on Edwin Analytics
* On the Edwin Analytics home page, click the top right tab for Educator Prep
* Click on [Candidate List with up to 5 Years of License and MA Public Employment (801)](https://gateway.edu.state.ma.us/EdwinAnalytics)
* Select 2017-18 for program year 17-18 and status year
* Select your organization
* Select the program
* Select Enrolled, Completed Coursework, and/or Completed Program (as necessary)

The resulting report shows the data (as reported by your Sponsoring Organization) at that time. If you find an error, you must fix it in [Early ID](http://www.doe.mass.edu/edprep/earlyID/).

By checking this box, you are verifying the program data in the Ed Prep- SAR/Title II report is accurate. (*Enter today’s date)*

*Sections 2-6 of the Annual Report only need to be completed by SOs reporting on Initial teacher licensure programs for Title II. If your SO is not approved to offer Initial teacher licensure programs you do not need to complete this section.*

| **Section 2: – Goals and Assurances** |
| --- |

**Select Program Type from drop-down menu - [Traditional (IHE-based) ~Alternative (not IHE-based)]**

| **Institution/Program Type** | |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  |  |
|  | | | | |
| **Indicate if your institution is a member of a Teacher Quality Partnership (TQP) grant:** | | | | |
|  |  | |  |  |
|  | |  |  |  |
| **TQP grant name or grant number, if applicable: ( insert text below max characters 128 )** | | | |  |
|  | | | |  |

| **What percentage of students is formally admitted into your Initial teaching licensure program(s)? (Use whole numerals only, totaling no more than 100%) (Baccalaureate Programs only)** | | |
| --- | --- | --- |
|  | **insert numerical value** |  |
| Freshman Year |  |  |
| Sophomore Year |  |  |
| Junior Year |  |  |
| Senior Year |  |  |

| **Indicate when students are formally admitted into your Initial Post-Baccalaureate licensure programs:**  **( insert text below max characters 128 )** | |  |
| --- | --- | --- |
|  | | |
|  | | |
| **Do your Initial teacher licensure programs conditionally admit students?** | | |
|  | **Select Yes, No or N/A from Drop-down menu** | |

| **Provide a link to your website where additional information about admissions requirements can be found:**  **(insert text below max characters 128 )** |
| --- |
|  | | |
|  | | |
| **Please provide any additional information about or exceptions to the admissions information provided above:**  **(insert text below max characters 256)** | |
|  | | |

**Annual Goals**

| All Sponsoring Organizations that enroll students receiving Federal assistance under this Act (Title II), including traditional IHE-based programs, and those that offer any ongoing professional development or alternative routes to state licensure, shall set **Annual Quantifiable Goals** for increasing the number of prospective teachers trained in teacher shortage areas designated by the Secretary or by the state educational agency, including mathematics, science, special education, and instruction of limited English proficient students. Sponsoring Organizations that do not have a teacher preparation program in one or more of the areas listed below can enter N/A for the area(s) in which the SO does not have that program. | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **insert numerical value** | **Choose, Yes, No, or N/A from drop-down** | **insert text below** | | **insert text below** |
| **Teacher shortage areas (current year)** | **Goal for number of completers** | **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 )** |
| **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 |  |  |  | |  |
|  | | | | | |
| **Provide any additional comments, exceptions and explanations below (max characters 256 )** | | | |  | |
|  | | | | | |

**Assurances**

**Select Yes, No, or N/A from Drop-down menu**

| **Select yes, no or N/A for each statement certifying that your institution is in compliance with the following assurances.** | |
| --- | --- |
| 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 (insert text below max characters 256 )** |
| --- |
|  |

**Section 3: Statement and Designation as Low-Performing**

| **Provide the following information about the approval or accreditation of your teacher preparation program.** | |  |
| --- | --- | --- |
| **(A)** Is your teacher preparation program currently approved or accredited? | |  |
|  | **Select Yes, No, or N/A from Drop-down menu** | |

| If yes, please specify the organization(s) that approved or accredited your program: | | |  |
| --- | --- | --- | --- |
| State |  |  | |
| NCATE |  | **Select Yes, No, or N/A from Drop-down menu** | |
| TEAC |  |  | |
| Other |  |  | |

| **(B)** Is your teacher preparation program currently under a designation as low-performing by the state? | |  |
| --- | --- | --- |
|  | **Select Yes, No, or N/A from Drop-down menu** | |

**Section 4: Use of Technology**

| **Does your program prepare teachers to:** | **Select Yes or No from Drop-down menu** | | |
| --- | --- | --- | --- |
| (A) integrate technology effectively into curricula and instruction | |  |  |
| (B) Use technology effectively to collect data to improve teaching and learning | |  |  |
| (C) Use technology effectively to manage data to improve teaching and learning | |  |  |
| (D) 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. |
| --- |
| **Technology** **(insert text below max characters 256)** |
|  |

**Section 5: Teacher Training**

**Select Yes, No, or N/A from Drop-down menus**

| **Does your program prepare GENERAL EDUCATION teachers to:** |  | | |
| --- | --- | --- | --- |
| (A) teach students with disabilities effectively | |  |  |
| (B) participate as a member of individualized education program teams | |  |  |
| (C) teach students who are limited English proficient effectively | |  |  |
|  |  | | |
| **Does your program prepare SPECIAL EDUCATION teachers to:** |
| (D) teach students with disabilities effectively | |  |  |
| (E) participate as a member of individualized education program teams | |  |  |
| (F) teach students who are limited English proficient effectively | |  |  |
| 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. |
| --- |
| **(insert text below max characters 256)** |
|  |

| 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. |
| --- |
| **(insert text below max characters 256)** |
|  |

| **Student Teaching Placements**  In order for ESE to better support the field in coordinating partnerships, we are seeking to collect data on student teaching placements in Massachusetts districts (this may include candidates that are also teachers of record). This data will help set a baseline for conversations with districts both statewide and individually. Your willingness to enter and share the data is greatly appreciated.  Below, please indicate the top five districts you placed student teachers in during the 2017-18 academic year. |
| --- |

**Select district name from Drop-down menus**

| **District** | **# of Candidates Placed for Student Teaching in 17-18** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| **Curricular Materials**  This section is optional. We'd like to understand how a range of MA stakeholders choose to use specific curricular materials in pre-service settings. By curricular materials, we mean any books, software, or other materials (e.g., unit plans) that define the series of major learning experiences students will have in a year or course (i.e., the curriculum). The Massachusetts curriculum frameworks provide learning standards and a framework for developing or selecting curricular materials, but they do not define curriculum on their own. |
| --- |

| Please list the curricular materials candidates work with in their courses (e.g., Eureka Math, candidate-developed units). If different licensure programs use different curricula, please be sure to include all in your description below: |
| --- |
| **(insert text below max characters 256)** |
|  |

| **Using the list below, identify how your Sponsoring Organization determines which curricular materials candidates work with. You may select more than one:**  **Multi-select checklist** | |
| --- | --- |
|  | Candidates work with curricular materials selected by the district in which candidates complete their pre-practicum |
|  | Candidates work with curricular materials selected by the districts in which candidates complete their practicum |
|  | Candidates work with curricular materials selected based on the needs of partner districts |
|  | Candidates work with curricular materials selected by neighboring school districts (within 15-20 mile radius) |
|  | Candidates work with curricular materials used widely in districts across the state |
|  | Candidates work with curricular materials rated highly on Ed Reports |
|  | Faculty/Instructors have autonomy to select the curricular materials they incorporate into their courses |
|  | We do not emphasize any particular curricular/instructional materials in our program |

**Select one**

| **To what extent are candidates taught explicitly to distinguish high-quality curricular materials from low-quality curricular materials?** | |
| --- | --- |
|  | A great extent |
|  | A moderate extent |
|  | A minimal extent |
|  | Not at all |
|  | Unknown |

**Section 6: Certification**

| **I certify that, to the best of my knowledge, the information in this report is accurate and complete and conforms to the definitions and instructions used in the Higher Education Opportunity Act, Title II and regulations for Educator Licensure and Preparation Program Approval (603 CMR 7.00).** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Signature** | |  | | | | |
|  | |  | | | | |
|  | | | | | | |
| **Name and title of responsible representative for teacher preparation program** | | | |
|  | | |
|  | | | | | |  |
|  |  | | | | | |
| **Name of President/Chief Executive (or designee)** |
| **Title** **(insert text below max characters 128 )** |  | | | | | |
|  | | | | |  | |