

INDIANA DEPARTMENT OF EDUCATION

State Review of Non-Specialized Professional Association (Non-SPA) Programs *

Submission Form

A: INSTRUCTIONS

Carefully review each of the following sections and submit responses and additional evidence or documents (Word documents, pdf materials, etc.) electronically to sbogan@doe.in.gov. **Please do not mail materials. You are welcome to develop your own format but the submission must include all of the information required below.**

B: INFORMATION

1. Name of Institution: 2. Address: 3. Name of Program:	4. Website or link where program information is available to the public: 5. Program Type (initial, advanced, etc.): 6. Method of Delivery (online, onsite, hybrid, blended):	7. List any other site, if any, where program is offered: 8. Degree awarded upon completion: 9. Type/title of Indiana license received upon completion: 10. Grade setting (P-3, K-6, etc.):
11. Name of Preparer(s): 12. Phone: 13. E-Mail:	14. CAEP Coordinator(s): 15. Phone: 16. E-Mail:	17. Type of accreditation your Educator Preparation Program (EPP) is seeking: <input type="checkbox"/> NCATE/CAEP accreditation (first or initial) <input type="checkbox"/> Continuing NCATE/CAEP accreditation
18. Type of Report (select): <input type="checkbox"/> Initial Review <input type="checkbox"/> Response to "Further Development Required" or "At Risk" status		

C: REQUIRED INFORMATION/DOCUMENTATION

Provide a description and/or response for each of the following items. You may insert information within this document, attach as part of submission, and/or a combination of both (no character limits).

1. Provide a description of the clinical experiences required within this program. Include duration and timing of both field experiences and student teaching or internships/practicums.
2. Provide a program of study (below or attached) that includes a listing of the courses and experiences required for candidates to complete the program. Please include course titles and numbers and syllabi for all content and pedagogy courses required in the program.
3. Provide the following information for each EPP faculty member responsible for professional coursework, clinical supervision, or administration. Include any educator(s) directly involved in teaching the content area education portion of the licensure program.
 - A. Faculty Member Name;
 - B. Highest Degree Earned;
 - C. Assignment or role of the faculty member (faculty, clinical supervisor, department chair, administrator, etc.);
 - D. Faculty Rank (professor, assistant professor, adjunct professor, instructor, etc.);
 - E. One example of professional work or leadership within the past three (3) years and related to content area.

4. Starting with the most recent academic year for which data is available, provide at least three years of data for both enrolled individuals and the subset of program completers. Provide separate data if program is offered at more than one site. Please begin with the most recent academic year.

Academic Year (Indicate Start and End Dates Below)	Total Number Enrolled in the Program	Subset of Program Completers
--/--/---- to --/--/----		
--/--/---- to --/--/----		
--/--/---- to --/--/----		

5. Describe the process by which you and your partners select clinical educators at both the EPP and school-based (P-12) settings and how you ensure each demonstrates a positive impact on candidate preparation? Be sure to include a summary of the selection process used by your EPP in selecting high quality clinical educators and the evaluation process that follows.

6. Indicate the name of the content and pedagogy/developmental assessments required in this program. When is successful completion of both assessments required in the program?

7. Include below at least four (4) additional assessments required of **all** candidates in this program. Do NOT include CASA, Indiana CORE, and Indiana Pedagogy/Developmental, Praxis I, Praxis II or any other state-required state/national assessment. Provide name, type, and timing of assessment. A course grade may be accepted for no more than one assessment. Include (attachment) a copy or description of the assessment and scoring guide/rubric.

Assessment Type and Focus	Name of Assessment	Type of Assessment	When Administered and/or Required?
1. Content knowledge			
2. Assessment demonstrating candidate can effectively plan classroom- based instruction			
3. Assessment demonstrating candidate knowledge (professional/pedagogy and content), skills, and dispositions are applied in practice.			
4. Assessment demonstrating candidate impact on student (P-12) learning.			
5. Additional assessment addressing state or national standards of this program (example: REPA/REPA 3 Educator Standards http://www.doe.in.gov/licensing/rep-educator-			

8. Provide at least three years or cycles of data for three (3) non-state assessments listed above. If data is not available, then please be sure to provide any generic assessments, scoring guides, surveys, thresholds, etc. that will be used to determine level of sufficiency. (Be sure to review “Appendix G - Assessment Rubric” in the CAEP handbook.) Program quality for all state assessments will be reviewed using data submitted for the state “non-ranking matrix” required in state code (IC 20-28-3-1 and IC 20-28-11.5-9).

Note: Data may include new and old assessments. Areas with enrollments under ten (10) over three cycles can aggregate data and report one aggregated data point for the three cycles.

9. Provide at least one example (describe below or attach sample) where the results of one of the assessments, including any state required assessment, has been used or will be used to improve candidate performance and/or the program. Provide a general description of the results (no individual names or test scores, etc.), the resulting changes and any measureable improvement(s). If not yet implemented or completed, describe what changes or improvements are planned and the anticipated results.

10. How are candidates in this program introduced to the REPA/REPA 3 Educator Standards? How do you ensure your candidates are aware of the standards during each phase of the program?

11. How do you support candidates who are struggling or having difficulty passing a required assessment (state or EPP)? What are your intervention strategies?

12. Diversity and technology are both important cross-cutting themes in educator preparation. Describe how both are integrated within this program. Provide at least one example or evidence for each. (Examples: Field and clinical experiences, seminars, work samples, implementation of technology in variety of settings, community partnerships, etc.)

D. SUBMISSION OF REPORT

1. Submit the above and all related to documents to Scott Bogan, Director of Higher Education and Ed. Prep. Programs, at sbogan@doe.in.gov. DO NOT MAIL!
2. An email message will be sent to both the preparer and specialist (identified above) verifying receipt of materials. If you do not receive an email receipt within 48 hours, then please call 317-232-9178.

*Program without a Specialized Professional Association (SPA) review process (<http://caepnet.org/accreditation/caep-accreditation/spa-standards-and-report-forms>). Only low-enrollment or programs without a SPA will be reviewed by the state. A state review is NOT required, however, if a program is recognized by the appropriate national accrediting agency. See <http://caepnet.org/accreditation/caep-accreditation/caep-accreditation-resources/national-specialized-accreditors> for additional information.