**Continuing State Program Approval**

**Educator Preparation Provider (EPP) Report**

**Alternate Route to Certification Cross Endorsement Programs**

**Connecticut State Department of Education (CSDE)**

DIRECTIONS: This report should be completed and submitted electronically with required documents to Katie Moirs, Connecticut State Department of Education Program Approval Coordinator at katie.moirs@ct.gov.

1. **PROGRAM CONTEXT**
2. Name of Educator Preparation Provider (EPP):
3. Name, title and contact information for person preparing report (phone and email):
4. Program name and type (include grade levels):
5. Program modality: ☐On-ground ☐Online (100%) ☐Hybrid (Include %)
6. All sites where program is offered:
7. Please provide three years of data on candidates enrolled in the program and completing the program, beginning with the most recent academic year for which numbers have been tabulated.

|  |  |  |
| --- | --- | --- |
| Academic Year | # of Candidates Enrolled in Program | # of Program Completers\* |
|  |  |  |
|  |  |  |
|  |  |  |

\*Program completers are defined as candidates who have met all requirements of the program, not

 requirements for licensure (e.g., testing requirements).

**B. PROGRAM CURRICULUM AND RESOURCES**

1. Briefly describe the program design, scope and sequence, including fieldwork/clinical experiences. **Please submit a list of courses or modules and course or module syllabi with the report.**
2. Complete the chart below for faculty/instructors who teach and/or serve in a clinical supervisory or evaluator role in the program. Add table rows as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Degree(s) | P-12 Certifications And Experience | Program Role(e.g., instructor; clinical supervisor) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Briefly describe the facilities and resources available to the program, including technology and library/media resources.
2. **CANDIDATE ASSESSMENT**
3. Briefly describe the assessment system for collecting, analyzing and reporting candidate data for program improvement. Include faculty training and calibration procedures for administering and scoring assessments and strategies used to remediate candidate knowledge and/or skill deficiencies based on candidate data, including any dispositional concerns.
4. Complete the key assessment table below. **Please submit key assessments with this report.**

|  |  |  |
| --- | --- | --- |
| **Name of Key Assessment** | **Type or Form of Key Assessment** **(e.g., case study, licensure test)** | **When Key Assessment Administered in Program** |
| [Content Knowledge] |  |  |
| [Content Knowledge] |  |  |
| [Pedagogical Knowledge and Skills] |  |  |
| [Pedagogical Knowledge and Skills] |  |  |
| [Pedagogical Knowledge and Skills] |  |  |
| [Pedagogical Knowledge and Skills] |  |  |

12. For each key assessment, please provide:

1. A brief description of the assessment and its use in the program (one sentence may be

sufficient).

1. A description of how the assessment specifically aligns with national content standards (Cite SPA standards by number, title, and/or standard wording.).
2. A brief analysis of candidate data findings (three years).
3. A chart showing candidate data derived from the assessment for the most recent application of each assessment.