**EDUCATOR PREPARATION PROGRAM PRE-PROPOSAL APPLICATION**

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

EPPs or other organizations seeking approval for new educator preparation programs must complete this Connecticut State Department of Education (CSDE) Pre-Proposal Application and submit it electronically to Katie Moirs, CSDE Program Approval Coordinator at [katie.moirs@ct.gov](mailto:katie.moirs@ct.gov). If the Pre-Proposal Application is approved, the EPP or organization will be required to submit a complete program proposal to the CSDE for review and evaluation.

1. Name of institution/organization:

1. Name, title and contact information for person preparing Pre-Proposal Application:
2. Program name/certification endorsement (include grade levels):
3. Program type and degree level (check which applies for both type and level):

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| PROGRAM TYPE | DEGREE LEVEL |
| ☐Initial Teaching Certificate  ☐Initial Teaching Certificate—Alternate Route to Certification (ARC)  ☐Advanced (beyond initial certification)  ☐Advanced—Alternate Route to Certification (ARC) | ☐Baccalaureate  ☐Post Baccalaureate  ☐Master's  ☐Post Master's  ☐Doctorate |

1. Program modality: ☐On-ground ☐Online (100%) ☐Hybrid (Include %)
2. Anticipated implementation date for program:
3. Projected candidate enrollment, part-time and full-time, for first three years of program (Please note that the program must demonstrate an enrollment base of 10 or more candidates per year):
4. All sites where program will be offered:
5. Connecticut EPPs or other organizations are encouraged to develop and seek approval for new educator preparation programs that (1) address shortage area needs as reported by the CSDE and/or align with goals defined in the Connecticut State Board of Education (SBE) [Five-Year Comprehensive Plan, 2016-21](file:///\\sde-fs1hfdm\tcheval\_Gady\Web%20Updates\Program%20Approval\Five-Year%20Comprehensive%20Plan,%202016-21) (<http://portal.ct.gov/SDE/Board/State-Board-of-Education>). Please indicate which applies to this proposed program:

\_\_\_\_\_ Addresses Connecticut designated shortage area(s). Please indicate which shortage area(s):

\_\_\_\_\_ Aligns with goals of the SBE Five-Year Comprehensive Plan, 2016-2021. Please indicate which goal(s) and how the proposed program will address the goal(s):

\_\_\_\_\_ Other: