

Indiana Department of Education
 Submission Form and Instructions for State Review
 Low-Enrollment Program with State SPA-Waiver

A: INSTRUCTIONS

Carefully review each of the following sections and submit all responses and evidence (Word documents, pdf materials, etc.) electronically to sbogan@doe.in.gov. You are encouraged to provide all evidence in separate documents rather than inserting lengthy documents into each section. Example: "Refer to Document 1b and 1e", etc.

B: INFORMATION

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| <p>1. Name of Institution or Entity:</p> <p>2. Address:</p> <p>3. Name of Program:</p> <p>4. Type of Report:</p> <p><input type="checkbox"/> Initial State Review</p> <p><input type="checkbox"/> Response to Conditions</p> <p><input type="checkbox"/> Other</p> <p>5. Type of Program:</p> <p><input type="checkbox"/> Initial Licensure Program</p> <p><input type="checkbox"/> Advanced Licensure Program</p> | <p>6. Method of Delivery:</p> <p><input type="checkbox"/> Onsite only</p> <p><input type="checkbox"/> Online only</p> <p><input type="checkbox"/> Hybrid</p> <p>7. List any other site, if any, where program is offered:</p> <p>8. Program Contact Name: Contact Phone Number: Contact Email Address:</p> |
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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 that includes a listing of the courses and experiences required for candidates to complete the program. Do not include non-program degree courses, only pedagogy and content. Please include course titles and numbers, course descriptions and syllabi for all content and pedagogy courses required in the program.

 Using your own matrix, reference tool or document, indicate how the above required courses are aligned to the educator standards of this content area (visit <https://www.doe.in.gov/licensing/repa-educator-standards> for the appropriate standards document). Be sure to include each standard and component (standard 1.2, for instance).

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;
 - F. Describe recent experience in P-12 schools (clinical supervision, teaching, professional service, etc.) and include discipline, grade level of the assignment(s). Include P-12 licensure and certification held and whether valid or expired, as well as name of issuing state(s).

4. If possible, report below three years of data on individuals enrolled in the program and the subset of program completers.

| Academic Year (Include start and end date for each) | Total Enrolled in Program | Subset of Program Completers |
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5. Describe the process by which you and your partners select clinical educators at both the EPP and school-based (P-12) setting. Include a description of how you ensure each will demonstrate a positive impact on candidate preparation? Be sure to include a summary of the selection process to be used in selecting high quality clinical educators and the evaluation process that follows.

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

7. Indicate below at least five (5) additional assessments that will be required of all candidates in this program and that will provide evidence for meeting the SPA standards. A course grade may be accepted for no more than one assessment. Include (attachment) a copy or description of the assessments and scoring guides/rubrics.

| Assessment Type and Focus | Name of Assessment | Type of Assessment | When Administered and/or Required |
|---|--------------------|--------------------|-----------------------------------|
| 1. Content knowledge (other than Indiana CORE) | | | |
| 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 (student teaching, internship) | | | |
| 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-standards) | | | |

8. Indicate below each SPA standard specific to this program area and which of the above assessment(s) addresses each standard. One assessment may apply to more than one SPA standard.

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

D: Submission of Materials

- 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!
- An email message will be sent to the preparer verifying receipt of materials. If email message not received within 48 hours, then please call 317-232-9178.