

STATE APPROVED TEACHER EDUCATION PROGRAM REPORT [Year]

Directions:

- Email Report in both Word and PDF formats to sungti.hsu@hawaii.gov by September 30, [Year].
- Direct questions to the above email address or by telephone at 808-347-5705.

Section I. - EPP Profile

Unit Name, Address, one main contact person,	
and website for listing on HTSB site	
Official contact person for HTSB communication:	
Name, position, phone, email	
Traditional Program(s)	
Enter each teacher education program including	
approved licensure fields.	
Alternative Program(s)	
Enter each teacher education program including	
approved licensure fields.	

Section II. – Students and Program Completers for [Year]

Number of students enrolled in all programs, including licensure and non-licensure programs	
Number of completers in programs leading to <u>initial</u> teacher licensure	
Number of completers in advanced programs or programs leading to a degree, added field, or some other credential that prepares the holder to serve in P-12 schools (<i>Do not include those completers counted above.</i>)	
Total Number of Completers	

Section III – Substantive Changes

Have any of the following substantive changes occurred during the [year] academic year? If not, insert "none" after the question.					
(A) Any changes in the published mission or objectives of the organization/institution or EPP? None					
Explanation if "Yes"					
(B) Any added programs of study (i.e. degree, added field, concentration) different from those that were offered when most recently approved? None					
Explanation if "Yes"					
(C) Any added courses or programs that represent a significant departure, in terms of either content or delivery, from those that were offered when most recently approved? None Explanation if "Yes"					
(D) Any change(s) in contract(s) with other providers for direct instructional services, including teach-out agreements (e.g. A teach-out agreement is a written agreement between accredited institutions that provide for the equitable treatment of students if one of those institutions stops offering an educational program before all students enrolled complete the program)? None					
Explanation if "Yes"					
(E) Any change(s) that mean the EPP no longer satisfies approval standards or requirements? None					
Explanation if changed					

(F) Any change(s) in regional or higher education accreditation status? None

Explanation if changed		
(G) Any change in the legal status, form of control, or ownership of the EPP? None		
Section IV. – New Evidence for Meeting Hawaii Specific Requirements		
Directions: Provide any <u>new</u> evidence since your last annual report that ensures your EPP is meeting the following requirements stated in HAR 8-54-19 "Approval of Preparation Programs:"		
1. Evidence candidates meet the Hawai'i teacher performance standards.		
2. Evidence candidates exhibit professional and ethical dispositions necessary to help all students learn as outlined in the HTSB's Code of Ethics.		
3. Evidence candidates are prepared to incorporate the following areas into their practice: A. Hawaiian language, history, and culture;		
B. Student standards adopted by the Department;		
C. Teaching of reading including working with students with reading difficulties;		

D.	Working effectively with students with disabilities, including training related to participation as a member of individualized education program teams;
Е.	Working effectively with students who are limited English proficient;
F.	Working with gifted and talented students;
G.	Integrating technology effectively into curricula and instruction, including activities consistent with the principles of universal design for learning and the use of technology to effectively collect, manage and analyze data to improve teaching and learning to increase student academic achievement.
license	lence that candidates meet the standards from a national organization approved by the board for the fields offered in the program or, for license fields without national standards, the standards ed for the field
5. Any	change in your candidates' clinical experience using one or more of the following requirements:
B.	A minimum of four hundred fifty (450) hours of supervised clinical experience in student teaching, internship, or residency; OR Demonstration of teaching proficiency through a combination of documented satisfactory work experience and observation by the EPP; OR Passing a board-approved performance assessment normed for Hawaii in combination with any other requirements determined by the EPP.

6. An update on progress toward implementing a national pre-service performance assessment if your EPP is participating in this option.

Section V. – Optional Information
1. Describe any mentoring support provided to your candidates after program completion.
2. Use this space to provide any other information you wish to share with HTSB, such as successes of your program, faculty, staff, or candidates, experienced since your last annual report.
Section VI. – Areas for Improvement or Conditions
Since your last annual report, summarize activities the EPP has engaged in and report on the outcomes of those activities as they relate to correcting areas of improvement or conditions cited in the current accreditation or SATEP approval report, if applicable.
Section VII – State Approval Pathway
Check the pathway you will use/are using to achieve continuing unit state approval:
Association for Advancing Quality in Educator Preparation (AAQEP)
Council for Accreditation of Educator Preparation (CAEP)
Masters in Psychology and Counseling Accreditation Council (MPCAC)

Montessori Ac	creditation	n Council fo	or Teacher Education (MACTE)		
World Indigen	World Indigenous National Higher Education Consortium (WINHEC)				
State Review v	vith out of	state review	wers; HTSB review fees will apply		
List any other s	List any other specialty organization that will review other programs in your unit, ex., NCTM, ALA:				
Describe your progress	toward pr	eparing for	your next national or state review.		
Section VIII - S	tudent	I oan D	efault Rate		
	cator prep	aration pro	Fault rates and other consumer information. Report consumer vider (Hawai'i Revised Statute §302A-807). Check all that		
Consumer Information	Access to Data	No Access to Data	Publicly Displayed Data - Insert Link		
OPE ID (Office of Po EPP Default Rate	st-Second	ary Educati	on Number)		
EFF Default Rate					
Section IX - VE	RIFIC A		f REPORT		
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Report Preparer's	Informa	ation			
Name: Position: Telephone: Email:					
I verify that the content	s of this r	eport are co	implete and accurate.		
Electronic Signature					

MM/DD/YYYY	
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