



HAWAII TEACHER
STANDARDS BOARD

**HAWAII TEACHER STANDARDS BOARD
EDUCATOR PREPARATION NEW PROGRAM/NEW FIELD(S)
REPORT TEMPLATE FOR PROVISIONAL APPROVAL**

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CONTACT AND CONTEXT INFORMATION

1. EPP name and address

Name	
Address	

2. EPP administrator

Name	
Title	
Email address	
Telephone number	

3. SATEP Administrator, if different from EPP Administrator

Name	
Title	
Email address	
Telephone number	

4. Name of new program (teaching field(s) and/or grade level(s)) to be added

Name of Program	License Field(s)	License Level(s)	Projected Implementation Date	Added Field Only

Ex. Master's of Education STEM 6-12, 6-8 7/1/2018 X

PROGRAM ORGANIZATION AND JUSTIFICATION

5. If this is a new program, attach an organizational chart of your institution/agency and, if applicable, college/school/department showing the placement of this program.

6. Justification for implementing the program. Summarize the current market for this program's completer employment outlook and any other contexts that shape the program.

NEW PROGRAM DESCRIPTION

To add a new license field or program during a continuing state approval term, Hawaii-approved EPPs are required to submit information regarding coursework, faculty, and assessments/rubrics that are in addition to or different from EPP criteria approved at the most recent EPP review.

COURSEWORK SPECIFIC TO NEW PROGRAM

7. List courses in the table and describe or attach course syllabi.

Course/Seminar/Experience	Description

ASSESSMENTS/RUBRICS SPECIFIC TO NEW PROGRAM

8. List when assessments are administered and describe each assessment. Attach template and grading rubric for each assessment.

Name of Assessment	When the Assessment is Administered	Description
Assessment of content knowledge		
Assessment of candidate ability to plan instruction		

Assessment of student teaching		
Assessment of candidate effect on student learning		
Assessment on candidate dispositions		

FACULTY SPECIFIC TO NEW PROGRAM

9. List faculty names and either a complete table or attach a roster that includes this information.

Faculty Member Name	Highest Degree & Area of Concentration	Role in Program	Professional Experience Relevant to Program

ADDITIONAL INFORMATION

10. Provide any information that will be helpful for the review team

SIGNATURES

11. Signatures and EPP Contact Information

Administrators	Enter Title and Typed Name	Signature	Date
EPP Head			
Program Head			
Program Contact			