

ILLINOIS STATE BOARD OF EDUCATION

Educator Licensure Division 100 North First Street, S-306 Springfield, Illinois 62777-0001

ILLINOIS TEACHER PREPARATION PROGRAM IMPROVEMENT & ACCOUNTABILITY SYSTEM PILOT APPLICATION Due October 7, 2016

The Illinois State Board of Education (ISBE) is seeking educator preparation programs to be part of an initial pilot to assist ISBE in the development and future implementation of a teacher preparation program improvement and accountability system. Interested programs will:

- Test and provide input to ISBE on proposed indicators and measures;
- · Determine whether or not measures are useful in informing program improvement;
- Identify and help solve data collection barriers;
- Gather data to pressure test benchmarks and inform appropriate weights and measures for accountability structure:
- Identify and address program performance trends in advance of system implementation; and
- Support Educator Preparation Provider (EPP) collaboration in alignment with a continuous improvement system.

Programs participating in the pilot must dedicate an institution-level representative (provost or other designee), as well as program and institutional research contacts who will work with ISBE throughout the pilot process. The pilot will occur between November 2016 and July 2017. Programs will begin collecting data in November and report data to ISBE by March 1, 2017. Data collection will be scaffolded throughout the pilot period so institutions have a chance to collaborate and discuss challenges/successes with peers and ISBE before moving on to collecting the next data subset. ISBE will refine data and produce data reports between March 1 and July 1, 2017.

During the pilot period, ISBE will provide the following supports for participants:

- Three required in-person/webinar group meetings to discuss challenges and successes, and to brainstorm solutions to challenges (The kick-off meeting will occur in early November, meeting #2 will occur in early December, and meeting #3 will occur in early February);
- Scheduled group phone calls between meetings;
- Individual "check-in" phone calls with each institution;
- Accessibility to ISBE data and program preparation staff for support; and
- · A regularly-updated FAQ document that will address questions posed by institutions and solutions

Institutions will be asked to collect up to three school years of data for the pilot: 2013/14, 2014/15, and 2015/16. Data from the 2014/15 and 2015/16 school year will also be collected next fall in the annual program report.

Please return this form via email to Emily Fox at efox@isbe.net by October 7, 2016.

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I. INSTITUTION INFORMATION	•			
INSTITUTION NAME				
PROVOST OR PROVOST REPRESENTATIVE FOR PROJECT (Name and Title)	E-MAIL	TELEPHONE (Include Area Code)		
EDUCATION DEAN NAME	E-MAIL	TELEPHONE (Include Area Code)		
MAIN CONTACT FOR PILOT PROJECT NAME	E-MAIL	TELEPHONE (Include Area Code)		
INSTITUTION IS NCATE ACCREDITED/SEEKING CAEP ACCREDITATION				
Yes No				
II. INSTITUTION INTEREST				
Why is your institution interested in being part of the initial data co	llection pilot?			
What type of support would you like to receive from your higher education peers and the State Board of Education throughout the pilot process?				
process:				
III. PROGRAM INFORMATION				
To ensure access to disaggregated data and allow ISBE to provide personalized support throughout the pilot, institutions will be limited to including three programs in the pilot. Below, indicate the teaching programs and associated program and institutional research team				
members you plan to involve in the pilot.	g programo ana accostatoa progra			
1. PROGRAM NAME PROGRAM TYPE				
	Alternative Traditional			
PREPARATION PROGRAM CONTACT (individual from the program who will	E-MAIL	TELEPHONE (Include Area Code)		
be the primary contact for the pilot)				
INSTITUTIONAL RESEARCH/DATA CONTACT (individual who will collect/	E-MAIL	TELEPHONE (Include Area Code)		
compile data)				

III.	PROGRAM INFORMATION (Continued)			
2.	PROGRAM NAME	PROGRAM TYPE		
		Alternative Traditional		
	PREPARATION PROGRAM CONTACT (individual from the program who will be the primary contact for the pilot)	E-MAIL	TELEPHONE (Include Area Code)	
	INSTITUTIONAL RESEARCH/DATA CONTACT (individual who will collect/compile data)	E-MAIL	TELEPHONE (Include Area Code)	
3. PROGRAM NAME PROGRAM TYPE				
		Alternative Tra	aditional	
	PREPARATION PROGRAM CONTACT (individual from the program who will be the primary contact for the pilot)	E-MAIL	TELEPHONE (Include Area Code)	
	INSTITUTIONAL RESEARCH/DATA CONTACT (individual who will collect/compile data)	E-MAIL	TELEPHONE (Include Area Code)	
IV.	ASSURANCES			
pro	To ensure the pilot process is successful, it is important for both program and institutional research contacts to be fully committed to the project and willing to engage with the State Board of Education and their higher education peers throughout the pilot. Please complete following assurances. Yes At least one program contact and one institutional research representative will be appointed per program taking part in the pilot.			
	The institution provost (or an institution-level representative) will be actively involved in the pilot process.			
	Each of the institution-level representatives, preparation program contacts, and institutional research contacts will be present at the initial kick-off meeting/webinar in November, two additional in-person/webinar group meetings in early December and February, and group phone calls in between those dates to discuss progress, challenges, and share insight with team members.			
	I understand the state annual program report is still required in fall 2016 (the pilot does not take the place of the annual program report this fall.)			
	I will keep my institution and education department leadership (i.e. provost, education dean) informed throughout the process.			
	Signature of Institution Contact	Da	nte	
	Printed Name of Institution Contact			

Please return this form via email to Emily Fox at efox@isbe.net by October 7, 2016.