

Illinois State Board of Education
Center for Educator Effectiveness
100 North First Street, E-310 • Springfield, IL 62777-0001
Phone: 217.782.2948 • Fax: 217.557.8392

ELEMENTARY EDUCATION (Grades 1-6) PROGRAM PROPOSAL

All program proposals shall meet requirements set forth in rule at the time the proposal is submitted.

Submit Proposals to:	Henri Fonville hfonvill@isbe.net	Emily Fox efox@isbe.net
<i>Please also email a copy to your ISBE consultant</i>		

PROGRAM COMPONENTS

Institution:	
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Date of Submission to State Board of Education:	
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<u>Primary Contact:</u>	<u>Email :</u>	<u>Phone number:</u>
<u>Secondary Contact:</u>	<u>Email address:</u>	<u>Phone number:</u>

Name of the Education Unit:	
Name of the Program:	
Endorsements to be awarded:	

Term:

<input type="checkbox"/>	Semester	<input type="checkbox"/>	Trimester	<input type="checkbox"/>	Quarter	<input type="checkbox"/>	Other
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Semester hour equivalent: <i>(If credit is not awarded in semester hours)</i>
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Type of Program:

<input type="checkbox"/>	Traditional <i>(face to face)</i>	<input type="checkbox"/>	Blended <i>(traditional & online)</i>	<input type="checkbox"/>	Online Only	<input type="checkbox"/>	Alternative
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Degree to be awarded:

<input type="checkbox"/>	Licensure Only	<input type="checkbox"/>	Undergraduate	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	Doctorate
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Level of the Program *(as defined by NCATE/CAEP):*

<input type="checkbox"/>	Initial	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Alternative
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Projected Size of Initial Cohort:	
Projected Student Entry Date:	

INTRODUCTION

1. Describe the need for individuals holding the type of endorsement to be awarded upon completion of the program, including, but not limited to, evidence of a shortage of these types of educators (e.g., special education, math, and science), either across the State or in certain geographical areas. If the shortage is in a certain geographical area, then describe the steps that will be taken to attract candidates from that area or to place candidates into positions within schools located there.

(Per Illinois Administrative Code, Part 25, Section 25.145 (a)(9))

CONCEPTUAL FRAMEWORK

2. Please list the unit's conceptual framework tenets and briefly describe how the program aligns to each.

(Per 23 Illinois Administrative Code, Part 25, Section 25.145 (a)(1))

CRITERIA

3. Please complete the matrix to describe the criteria for admission to the program including the required grade point average for entry into the program, retention in the program and exit from the program.

(Per 23 Illinois Administrative Code, Part 25, Section 25.145 (a)(2))

Admission	Retention	Exit
GPA:		
<u>Example:</u> ACT: Composite score of 22+ with writing score 16 (Delete example)	<u>Example:</u> Score 39/50 on each disposition evaluation. (Delete example)	<u>Example:</u> Score 80/100 on clinical evaluation by university supervisor and cooperating teacher. (Delete example)
Add additional rows as needed		

FACULTY

4. Please complete the matrix to identify the faculty members with the primary responsibility for preparing professional educators in the program and their qualifications for their positions.

(Per 23 Illinois Administrative Code, Part 25, Section 25.145 (a)(4))

Please list faculty with terminal degrees first.

Name	Degree	Title	Area of Expertise	PK -12 Teaching Experience (Total Years & Grade Level)	Expected Courses To Teach
Add additional rows as needed					

COURSE OF STUDY

5. Please complete the matrix to describe the required courses in the course of study. Include the proportion of coursework offered by distance learning or video conferencing technology.

(Per 23 Illinois Administrative Code, Part 25, Section 25.145 (a)(5))

Course Title/Name	Credit Hours	Traditional Face-to-Face (Use X)	Online Only (Use X)	Blended (% Face-To-Face/% Online)	Other Modes of Delivery (if applicable)	Course Description (Suggested 2-3 sentences)
<i>Example: EDU 230 Methods of Teaching Mathematics (Delete example)</i>	3			50/50		<i>Required for any Illinois Endorsement in the Middle Grades, this course will provide practicing teachers with further knowledge and understanding of the unique intellectual, social, emotional, physical, and developmental characteristics and needs of the young adolescent. Teachers will develop middle school lessons to be shared with their peers in this course and used with their middle school students in the future.</i>
<i>Add additional rows as needed</i>						
Total Credit Hours						

6. Please complete the matrix to describe how the program meets the endorsement requirements in self-contained general elementary education. Candidates shall complete a 32 semester hour major in elementary education with coursework that addresses at least three areas of the sciences and at least four areas of the social science.

(Per 23 Illinois Administrative Code, Part 25, Section 25.97 (b)(1-2))

SCIENCE					
Course Title/Name	Physical Science	Life Science	Earth and Space Science	Other: _____	
Coursework to address at least three areas					
Ex: BIO 102 Teaching Principals of Life Science (Remove Example)		X			
Add additional rows as needed					
SOCIAL SCIENCE					
Course Title/Name	History	Geography	Civics and Government	Economics of Illinois	Other: _____
Coursework to address at least four areas					
Ex: HIST 102 Teaching History in Elementary Classrooms (Remove Example)	X				
Add additional rows as needed					

7. Please complete the matrix to describe how the program meets the Professional Educator Licensure coursework requirements including the evidence of instruction relative to special education, reading, and English learners.

(Per 23 Illinois Administrative Code, Part 25, Section 25.25 (a)(1))

(Per 23 Illinois Administrative Code, Part 24(Standards for All Illinois Teachers))

Course Title	Requirement 1) Reading Methods	Requirement 2) Reading in the content area	Requirement 3) Exceptional Child Instructional Methods	Requirement 4) ESL/Bilingual Methods
Ex: XXX 123		X		
Add additional rows as needed				

8. Please complete the matrix outlining what courses will be used to meet the endorsement requirements for any subsequent endorsements to which the program will lead (e.g., *ESL, Bilingual-Spanish, LBSI, etc.*). Leave this section blank if your program will not include subsequent endorsements. (Per 23 Illinois Administrative Code, Part 25, Section 25.100 (c))

Subsequent Endorsement: _____ Example: ESL__ (Delete example) _____				
Endorsement Requirement	Course Title	Course Name	Credit Hours	Course Description (Suggested 2-3 sentences)
Linguistic (Delete example)	EIS 458	Linguistics for the Teacher of English Language Learners	3	The study of linguistics applied to teaching limited-English-speaking students. Includes English and non-English phonology, syntax, analysis, and application of linguistic theory. Clock hours – 20 hours required.
Add additional rows as needed				

9. Please complete the matrix to describe the course of study including the required courses and the related field experiences or clinical practices as applicable to specified courses. Include the criteria for the required field experience and clinical practice (e.g., what candidates are expected to know, understand, and be able to do because of the field experience or clinical practice).

(Per 23 Illinois Administrative Code, Part 25, Section 25.145 (a)(5-6))

Course Title	Field Experience Description (Suggested 2-3 sentences)	Clock Hours	Criteria: Expected Learning Outcome
Ex: XXX 123			
Add additional rows as needed			

10. Describe the measures taken to ensure placement in diverse settings and with diverse students in the field experience and clinical practice, in practicum courses.

(Per 23 Illinois Administrative Code, Part 25, Section 25.145 (a)(6))

11. Describe the program requirements for faculty supervision of the field experience and clinical practice, in practicum courses.

(Per 23 Illinois Administrative Code, Part 25, Section 25.145 (a)(6))

ASSESSMENT

12. Please complete the matrix to describe the key assessments and the specific standards addressed by each assessment required of candidates in the program.

(Per 23 Illinois Administrative Code, Part 25, Section 25.142 (a)(1-5))

Use the matrix below to describe the following:

- An additional content assessment focused on program standards
- An assessment of candidates' ability to plan instruction
- An assessment of clinical practice
- An assessment of candidate' impact on students' learning
- An assessment of the candidates' dispositions demonstrated, as described in the unit's conceptual framework. (Per 23 Illinois Administrative Code, Part 25, Section 25.145 (a))

Include in the matrix how the assessment data will demonstrate candidates' mastery of identified standards.

(Per 23 Illinois Administrative Code, Part 25, Section 25.145 (a)(7)(C))

If Applicable: Describe the information related to two or three additional assessments that address relevant standards, if inclusion of this is desired by the unit offering the program.

(Per 23 Illinois Administrative Code, Part 25, Section 25.145 (a)(8))

Key Assessments	Description of Assessment	Standards addressed by Assessment	Demonstration of Mastery
Additional Content Assessment (Name:_____)			
Planning Instruction: (Name:_____)			
Clinical Practice Assessment: (Name:_____)			
Impact on Student Learning: (Name:_____)			
Dispositions: (Name:_____)			
Add additional rows as needed			
Additional Assessments (If Applicable)	Description of Assessment	Standards addressed by Assessment	Demonstration of Mastery
Add additional rows as needed			

13. Please complete the matrix to provide a description of the data which will be collected and how it will be used by the programs for all key assessments, the applicable content-area test(s) and the edTPA.

(Per 23 Illinois Administrative Code, Part 25, Section 25.145 (a)(7)(B))

If Applicable: Describe the information related to two or three additional assessments that address relevant standards, if inclusion of this is desired by the unit offering the program.

(Per 23 Illinois Administrative Code, Part 25, Section 25.145 (a)(8))

Key Assessments	Describe how data is collected and utilized in program.
Additional Content Assessment (Name:_____)	
Planning Instruction: (Name:_____)	
Clinical Practice Assessment: (Name:_____)	
Impact on Student Learning: (Name:_____)	
Dispositions: (Name:_____)	
Content Test(s) (List all that apply)	Describe how data is collected and utilized in program.
<i>Add additional rows as needed</i>	
Performance Based Assessment	Describe how data is collected and utilized in program.
<i>Add additional rows as needed</i>	
Additional Assessments <i>(If Applicable)</i>	Describe how data is collected and utilized in program.
<i>Add additional rows as needed</i>	

STANDARDS

In order to be considered for approval, a recognized institution shall propose a preparation program that meets the required standards. *(Per 23 Illinois Administrative Code, Part 25, Section 25.115 (e)(1-4))*

14. Please complete the matrix to describe how the program meets:

- a. the State Content Standards set forth in **23 Illinois Administrative Code, Part 20, Section 20.110 and 20.120 (Standards for Endorsements in Elementary Education) and Part 26, Section 26.300-26.370 (Standards for Endorsements in Early Childhood Education and in Elementary Education)**. *(Per 23 Illinois Administrative Code, Part 25, Section 25.145 (a)(5))*
- b. the Standards for All Illinois Teachers set forth in 23 Illinois Administrative Code Part 24. *(Per 23 Illinois Administrative Code, Part 25, Section 25.115 (e)(1-4))*
- c. the Social and Emotional Learning Standards set forth in 23 Illinois Administrative Code 555 Appendix A. *(Per 23 Illinois Administrative Code, Part 25, Section 25.115 (e)(1-4))*
- d. the National Standards: set forth in 23 Illinois Administrative Code, Part 20, Section 20.100. **The Association for Childhood Education International (ACEI) (2007)**
<http://acei.org/images/stories/documents/ACEIElementaryStandardsSupportingExplanation.5.07.pdf>

	Standards				
Course Title	State Content Standards Part 20 / Part 26		Illinois Professional Teaching Standards	Social and Emotional Learning Standards	National Standards ACEI
Ex: XXXX-1234 (Delete Example)	20.110 (a)(1)	26.320 (a)(5)	24.130(a)(1)(D)	Goal 1: Learning Standard C	2.4, 2.1, 3.5
Add additional rows as needed					

ASSURANCES

Per 23 Illinois Administrative Code, Part 20, Section 20.10(a)(3)

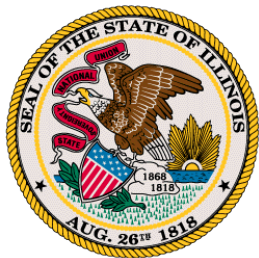
<input type="checkbox"/>	By checking the box, the institution ensures that on or before February 1, 2017, each elementary education program seeking approval for the first time or re-approval of an existing program shall work in consultation with one or more community colleges to ensure the articulation of coursework between the two institutions and, as applicable, the alignment of community college coursework relevant to elementary education to the standards set forth in this Part.
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Per 23 Illinois Administrative Code, Part 20, Section 20.10(c)

<input type="checkbox"/>	By checking the box, the institution ensures that beginning October 1, 2015, no candidate shall be admitted to an elementary education program that has not been approved under this Part. Any candidate who is enrolled in an elementary program not approved under this Part shall complete the program on or before September 1, 2017 and have the elementary education endorsement issued by September 1, 2018.
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Per 23 Illinois Administrative Code, Part 25, Section 25.620(a-f)

<input type="checkbox"/>	By checking the box, the institution ensures that the student teaching experience meets the requirements of Section 25.620 (Student Teaching) of Part 25 for those candidates who will be receiving the professional educator license for the first time.
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As a courtesy to streamline the process for changing existing program approvals, IBHE will allow the following process (ISBE will forward a copy of the Licensure Board approval letter):

Public universities will submit an request for reasonable and moderate extension (RME) for changes to existing program approvals.

Independent institutions under IBHE authority will submit documentation that the Licensure Board (SEPLB) has approved the changes and IBHE will recognize that approval as sufficient for us to record the changes to the programs.

Independent grandfathered institutions will submit this form as notification to IBHE to instruct us to update our Program Inventory.

ILLINOIS BOARD OF HIGHER EDUCATION

ACADEMIC PROGRAM INVENTORY FORM FOR EDUCATION PROGRAMS

Please include with the ISBE Program Proposal. For additional programs, please submit one form for each.

1. Name of Institution: _____
2. Program Contact Information (Name, Address, Email and Phone Number): _____

3. Has your Education program been previously approved by the IBHE? Yes ☐ No ☐
 - a. If IBHE approval was not required because of your institution's grandfathered status, has your institution reported your program enrollment information for the Fall Enrollment Survey? Yes ☐ No ☐
 - b. If IBHE degree-granting program approval is needed, contact the Division of Academic Affairs.

CURRENT PROGRAM INFORMATION:

4. **Current** Program Degree Title: _____ (Example: BA in Elementary Education)
5. **IBHE Region Authorized for Approval** (Check all approved regions for this program):
☐ Region 1-North Suburban
☐ Region 2-Fox Valley
☐ Region 3-West Suburban
☐ Region 4-Western
☐ Region 5-Central
☐ Region 6-South Metropolitan
☐ Region 7-Prairie
☐ Region 8-Southwestern
☐ Region 9-Southern
☐ Region 10-Chicago
6. **Current** Program IPEDS CIP Code **Classification of Instructional Programs**: _____ (Example CIP: 13.1202)
7. Last Date of Enrollment for Students in the **Current** Program (mo/day/year): ____/____/____

NEW PROGRAM INFORMATION: (Please note that your program's name, region, and CIP codes might change)

8. **New** Program Degree Title: _____
9. **IBHE Region Authorized for Approval** (Check all approved regions for this program):
☐ Region 1-North Suburban
☐ Region 2-Fox Valley
☐ Region 3-West Suburban
☐ Region 4-Western
☐ Region 5-Central
☐ Region 6-South Metropolitan
☐ Region 7-Prairie
☐ Region 8-Southwestern
☐ Region 9-Southern
☐ Region 10-Chicago
10. **New** Program IPEDS CIP Code -- **Classification of Instructional Programs**: _____
11. First Date of Enrollment for Students in the **New** Program (mo/day/year): ____/____/____

Questions? Please contact IBHE Division of Academic Affairs, Dr. Gretchen Lohman at lohman@ibhe.org or 217.782.2551.