dartep

DIRECTORS AND REPRESENTATIVES OF TEACHER EDUCATION PROGRAMS

October 7, 2022

Welcome

Leadership Team

- Marcia Fetters (Western Michigan University), Chair
- Jennifer Klemm (Central Michigan University), Past-Chair
- Beth Feiten (Oakland University), Treasurer
- *Brian Filipiak (Eastern Michigan University), Technology Support*

*Need Election - Chair-Elect from Independent

DARTEP Business
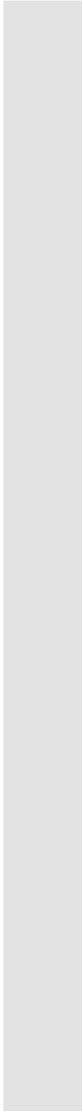
DARTEP Business

- Approval of DARTEP minutes from April 2022:
  - Full April minutes were not completed. Job-Alike minutes and meeting video are available.
- Changes in Leadership
  - Marcia Fetters, Chair-Elect will serve as Chair for 2022-2023
  - Election of Chair-Elect from Independent Institution
- Budget Report

2021-2022 Meeting Dates

- October 7, 2022 - University of Michigan - Flint

- December 2, 2022 - Oakland University

- February 3, 2023 - Virtual

- April 14, 2023 - Hope College

Treasurer's Report

Dues remain at $50 per member for 2022-2023

- **Pay via our Virtual Terminal available at October meeting**
- **Pay via check and send to me at OU**
- **Pay by phone to 248-370-3083**

Note: the listserv is separate from the membership list

Beth Feiten: bafeiten@oakland.edu

Treasurer's Report

September Balance is $14,409.32

Beth Feiten: bafeiten@oakland.edu
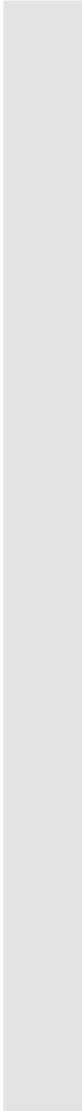
Organization Reports

Organization Reports

- ○ Michigan Association of College of Teacher Education (MACTE) - *Beth Kubitskey*

- ○ Michigan Public Deans - *Marcia Fetters*

- ○ Michigan Independent Educator Preparation Institutions (MIEPI) - *Laurie Burgess*

Break
10 Minutes

MDE Updates

OEE Staff Updates

Follow OEE on Social Media!

@MIEducator

#proudMIeducator/ #PME
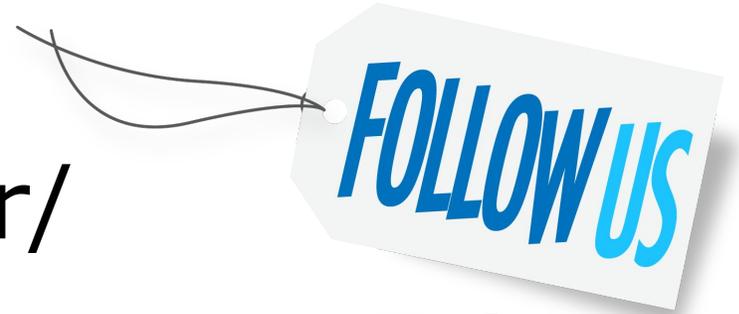
Issued quarterly, archived on the DARTEP website, and always valuable!

Office of Educator Excellence

DARTEP Update

October 7, 2022

Future Proud Michigan Educator - EXPLORE and Grow Your Own

Future Proud Michigan Educator UPDATES

1. Review of Future PME
2. EXPLORE Grant results
3. Introduce new GYO grants

Future Proud Michigan Educator

Future PME EXPLORE

Theory of Change

OFFSET DEVELOPMENT COSTS

MAXIMIZE STUDENT INTEREST

ADJUST MODELS OF STAFFING AND INSTRUCTION

INCREASE ACCESS TO AND PARTICIPATION IN K-12 PROGRAMS

INCREASED ENROLLMENT AND DIVERSITY IN EPPS

LARGER AND MORE DIVERSE EDUCATOR WORKFORCE

MICHIGAN Department of Education
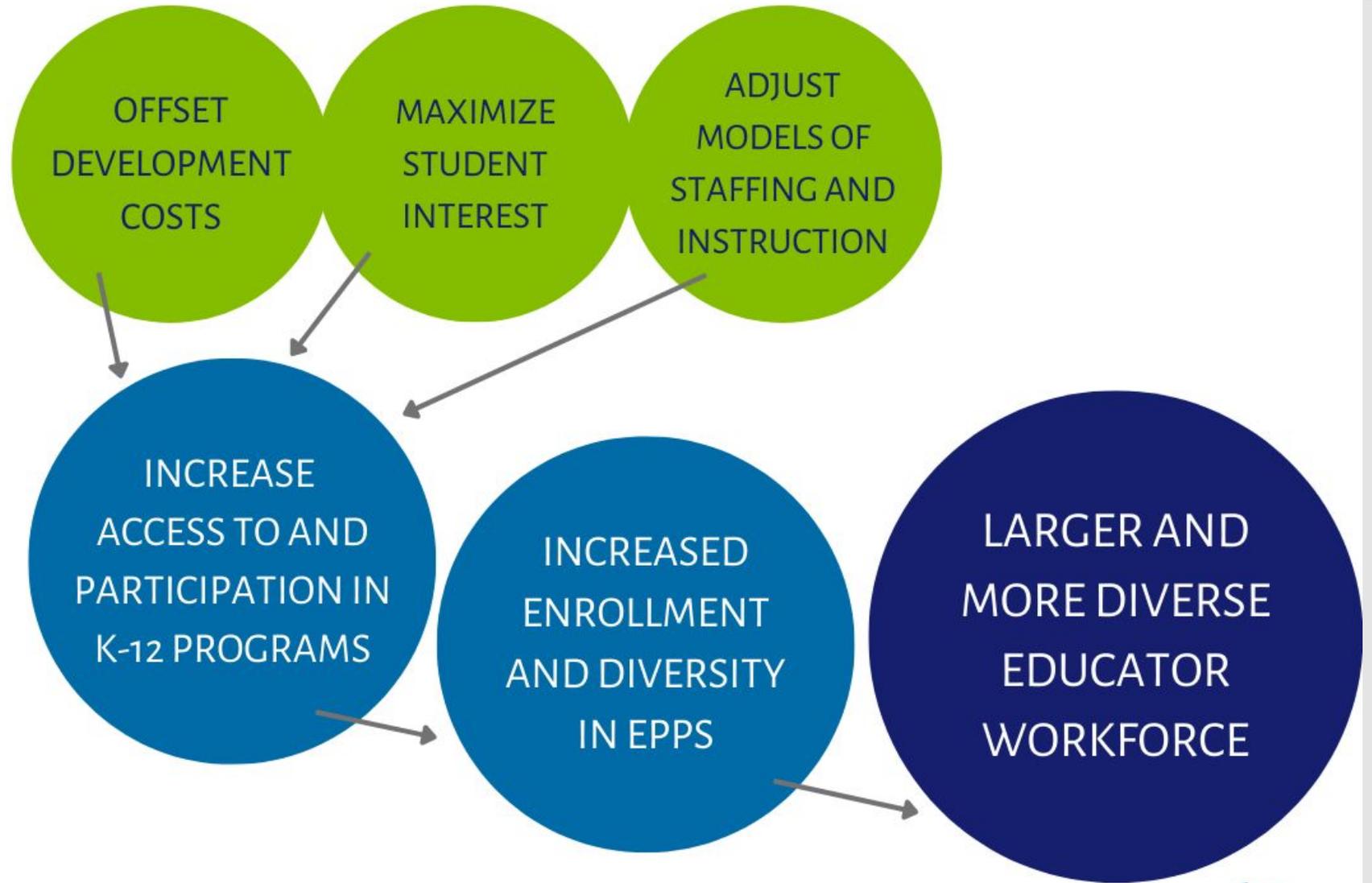
Future PME EXPLORE Resources

In 2021, OEE created:

- 3 flexible models of implementation
- Curriculum, competencies and student learning goals
- Interactive student learning models
- Professional Learning course
- Section 6C of the Pupil Accounting Manual
- Staffing guidance for districts
- [Future PME Website](#)
- Planning grants- $10K per school

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EXPLORE Grantee Designs

- Virtual / hybrid instruction paired with local teacher mentors
- Inclusive and equity-focused programs that intend to attract more diverse future educators
- Grow Your Own programs, including urban, rural and indigenous communities
- Programs that attract diverse students into roles as secondary STEM educators
- Increased opportunities for high school students to earn college credits
- CTE feeder programs for grades 6-10

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EXPLORE Grant Results

GRANTEE LOCALE

City 14%
Suburb 32%
Town 20%
Rural 34%
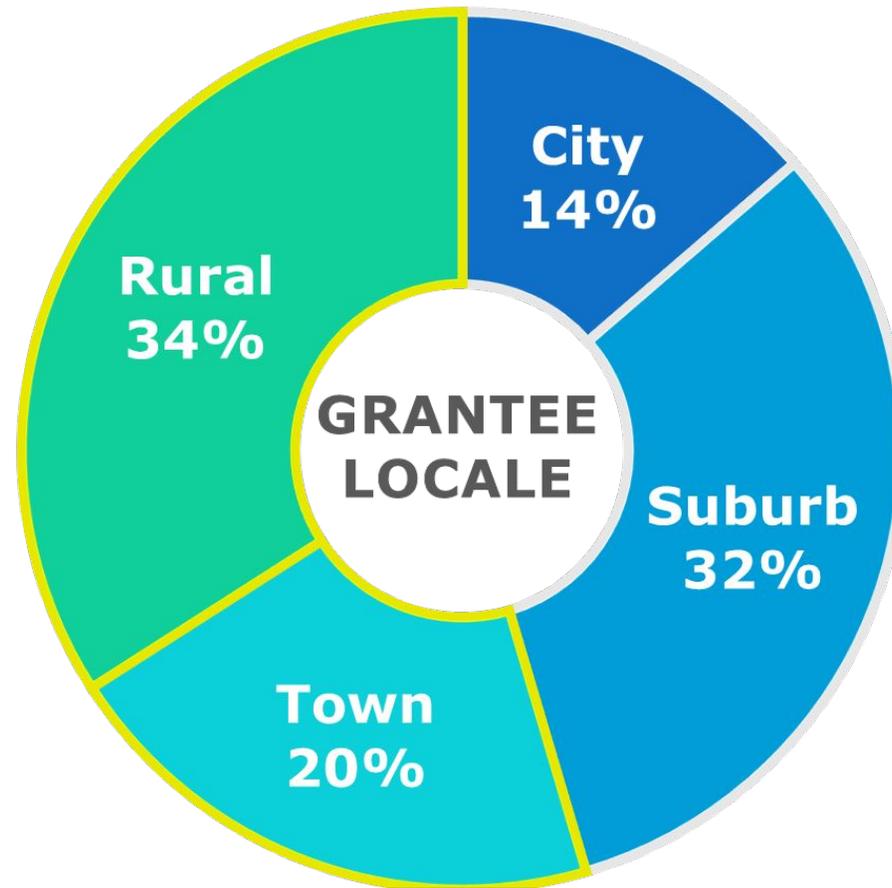
44 Grantees
140 buildings
9 Regions

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EXPLORE Grant Results
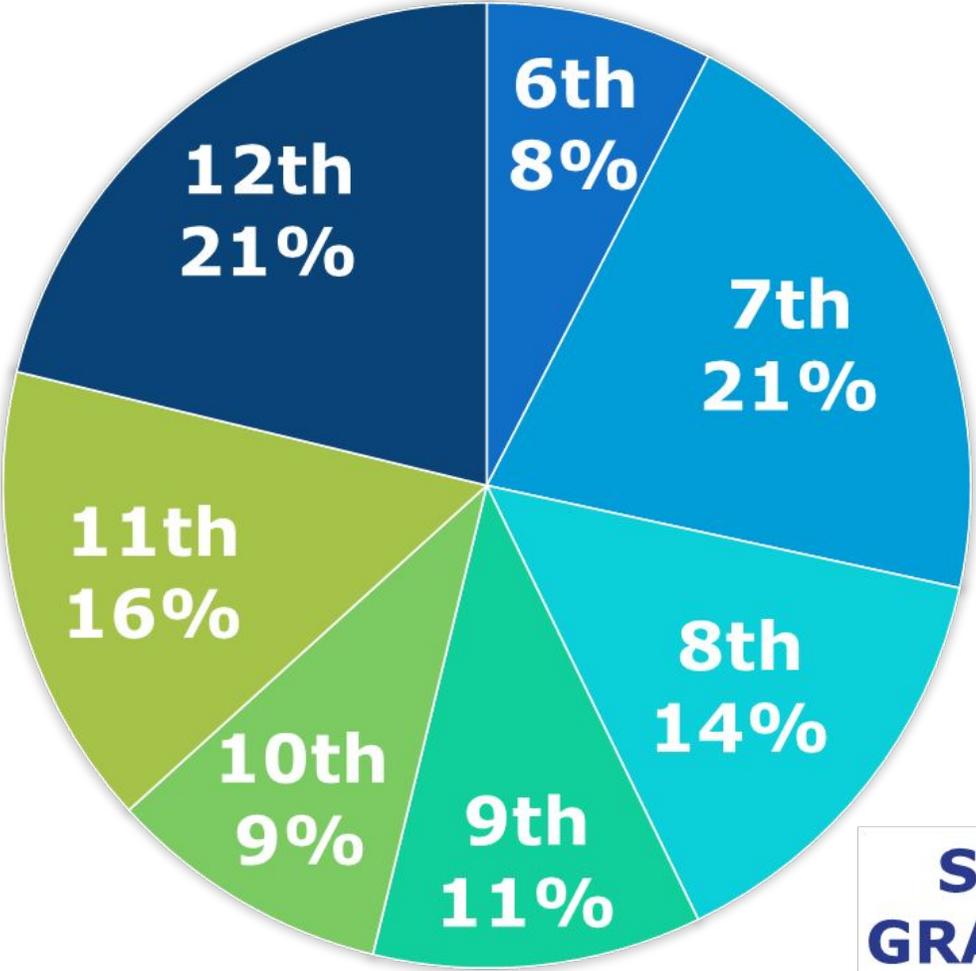
STUDENT GRADE LEVEL

- 6th 8%
- 7th 21%
- 8th 14%
- 9th 11%
- 10th 9%
- 11th 16%
- 12th 21%

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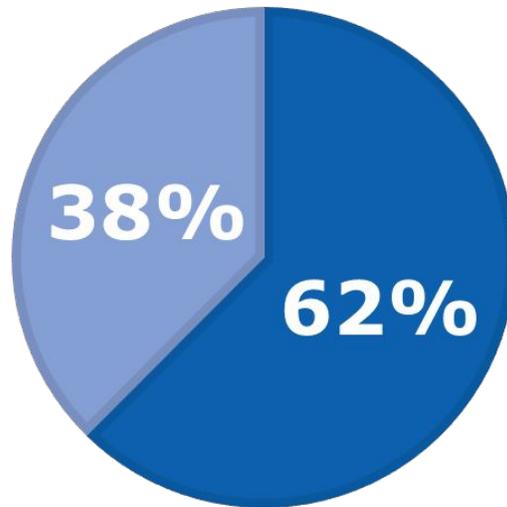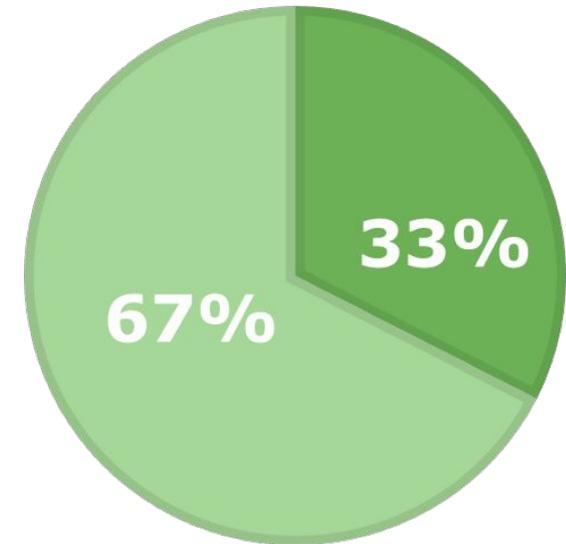
EXPLORE Grant Results

STUDENT RACE/ETHNICITY

African American or Black

Asian

Hispanic or Latino

White

Two or More Races

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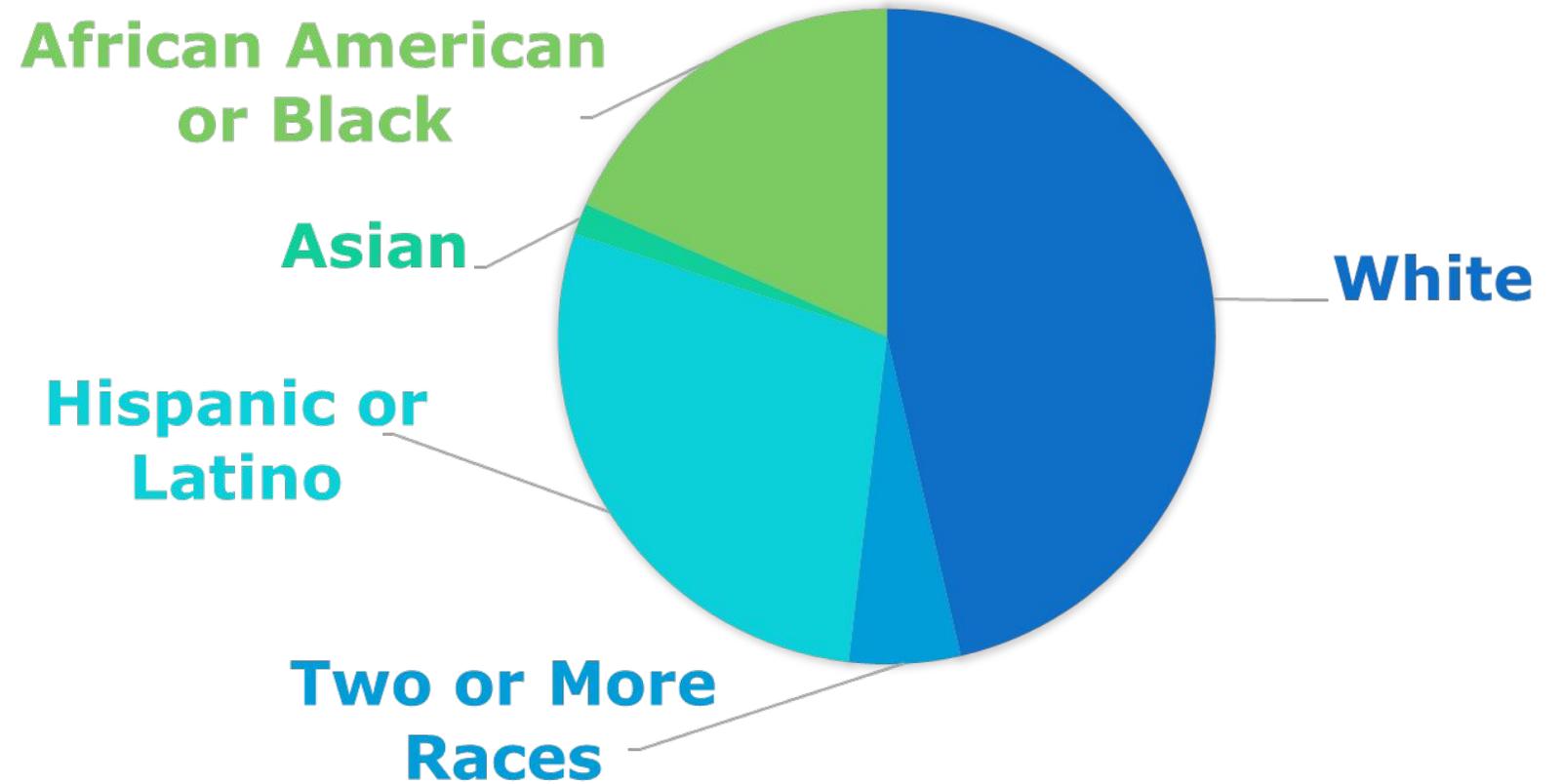
EXPLORE Grant Results

- Saginaw Chippewa Indian Tribe of Michigan & Central Michigan University
- Michigan Indian Day Youth Summit – 230 students
- Indigenous Guest Speakers/Storytellers:
  - Educational journeys
  - College and career opportunities in educational professions

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Educational Careers of Interest for Indigenous Youth (n=230)
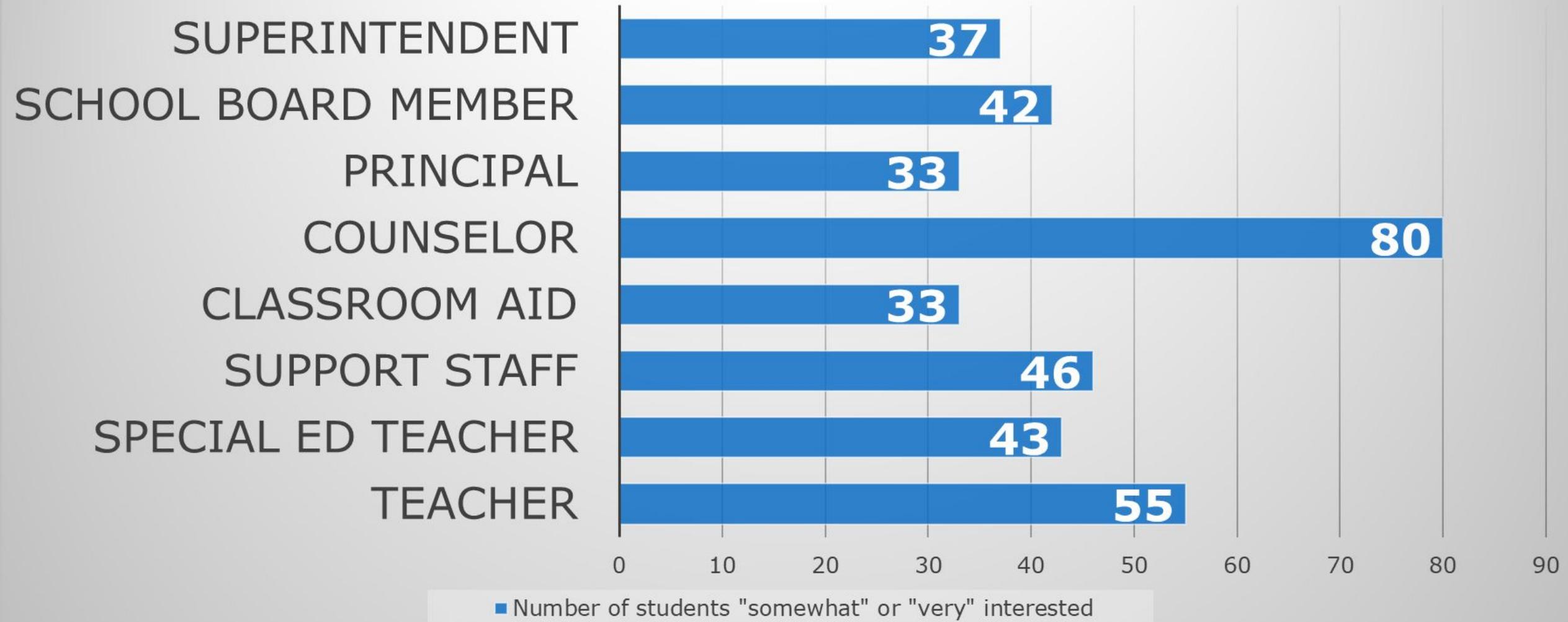
Future PME Expansion

Future PME Grants

FY 2021 Federal $	FY 2022 State $	FY 2023 State $
EXPLORE Planning Grants	EXPLORE micro-grants	EXPLORE Course Grants
	GYO Staff Grants-Individuals	GYO Staff Grants-Alternative Routes
		GYO Program Grants- degree granting EPPS

Future Proud Michigan Educator

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Future PME GYO Grants

Section 27B of the State Budget provides funding for GYO PROGRAMS for:

Employees of districts or ISDs in grades PK-12

- Funds used for tuition, books, testing feeds, travel to/from coursework, substitute costs.
- May not receive 27a or 27c funds

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Future PME GYO Grants

Districts and ISDs will need to:

- Demonstrate need
- Project participant numbers
- Assure no-cost pathway
- Pledge to hire participants
- Gather participant pledge to work in the district for as long as they were in the program

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Future PME GYO Grants

Application will require a signed MOU with a degree granting, Michigan approved EPP:

1. Semester credit hours and rate (budget through 2026)
2. Scope of coursework
3. Responsibilities for selecting and mentoring TCs
4. Commitment of EPP to evaluate the TC experience to expedite the pathway where possible
5. Responsibilities for coaching, observation and assessment of TCs
6. Responsibilities for MTTC support
7. Commitment to support TC with unmet needs after program completion

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EPP Action Steps

1. Look for (and forward) October communications
2. Save the date: 11/4/22 [GYO Grant Webinar](#) for partners
3. Estimate candidate costs from 10/1/22-9/30/26
4. Begin building MOU in advance of application
5. Anticipate application release
   a. EXPLORE: open
   b. GYO: open in December

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Future PME Information

Contact: MDE-PME@Michigan.gov
- Holly Carruthers carruthersh@michigan.gov

Website: www.michigan.gov/fpme
- Grant-specific websites

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Call to Action - Innovators Wanted!

- Online/hybrid
- Competency-based
- Place-based
- Residencies
- Consortia
- Cohorted programs to meet high needs: subjects, candidates
- Registered Apprenticeship
- Watch for survey!!

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MI Future Educator
FELLOWSHIP

MI Future Educator
STUDENT TEACHER STIPEND

MI Future Educator Fellowship

The MI Future Educator Fellowship will offer $10,000 scholarship to up to 2,500 **future educators** every year.

High school graduates must be admitted to an eligible educator preparation program and begin their first semester or term in Fall 2022 or after. Additional eligibility requirements apply.

MI Future Educator Fellowship Information ›

MI Future Educator Student Teacher Stipend

The MI Future Educator Student Teacher Stipend is a program to support Michigan's hardworking **student teachers** as they continue their journey to being in the classroom full-time.

Up to $9,600 per semester will be available for use towards allowable student teaching expenses (tuition, living expenses, childcare, etc.).

MI Future Educator Student Teacher Stipend Information ›

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Professional Educator Certification Services Unit

School Counselor Credential Name Changes

- In-state change:
  - New name = Preliminary School Counselor Credential (PSCC)
- In-state & Out-of-state change:
  - New name = School Counselor License (SCL)
- Out-of-state change:
  - Temporary School Counselor License (TSCL)

[Administrative Rules That Govern The Certification and Licensure of School Counselors](#)

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Data & Accountability Unit

Criminal History Considerations

- MCL 380.1535a and 380.1230s
- EPPs should have policies in place for
  1) Disclosure
  2) Background checks
  3) Impact on enrollment in program & recommending for credentials

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Disclosure/ Background Checks

- Results will only tell you of convictions that occurred up to the date the fingerprinting
- Given this, we recommend at the start of each year, districts
  1) provide <u>all</u> employees with arraignment and conviction disclosure forms
  2) run iChats on staff to determine if any convictions have occurred since the date of the fingerprinting.

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Q&A

Office of Educator Excellence

Job-Alike Sessions

- **Job - Alike**

  - Job-Alike Notes (Deans & Directors)

    Job-Alike Notes (Accreditation & Assessment)

    Job-Alike Notes (Clinical Placement Coordinators)

    Job-Alike Notes (Certification Officers)

  - Select your own breakout room, or even move between

For the folks on Zoom:

We are in a lunch break, and will report out on the Job-Alike sessions at 1:00.

Job-Alike Session Report Out

- Accreditation & Assessment
- Certification Officers
- Deans & Directors
- Field Placement Directors

45

- Nancy Hahn
- Pearson

Alternative Testing Arrangements
October 7, 2022

Today's Goals

- ◆ Provide information on Alternative Testing Arrangements

- ◆ Process to request arrangements

- ◆ Documentation requirements

- ◆ Accommodations for English learners

- ◆ Q & A

Alternative Testing Arrangements

◆ What
- – Alteration of standard testing conditions, procedures, and/or materials

◆ Why
- – Americans with Disabilities Act (ADA)

◆ How
- – Case-by-case basis

MTTC Website

- https://www.mttc.nesinc.com/

- **MTTC** customer service
  - email
  - 800-823-9225

No Pre-approval Needed

- Wheelchair accessible

- Visual enhancements

- Comfort Aids

- Frequent or unscheduled breaks are permitted to use restroom, take medication, use an inhaler, etc.

  – Any time taken is part of the examinee's available testing time.

Comfort Aids

- Medicine and Medical Devices

- Mobility Devices

- Visual Inspection by test center staff

- List available online
  https://home.pearsonvue.com/Test-takers/Accommodations/Pearson-VUE-Comfort-Aid-List-PDF.aspx

Procedures for Requesting Arrangements

1. Review "Documentation Requirements" and collect necessary documents

2. Register for the test
   – Declare intent to request alternative testing arrangements
   – <mark>DO NOT schedule test appointment</mark>

3. Submit Alternative Testing Arrangements Request Form <mark>*with each registration*</mark>

Procedures for Requesting Arrangements

4. Check email for notification of resolution

   – Up to three weeks

   – Check spam folder

5. Follow instructions provided in the resolution email to schedule appointment

Alternative Testing Arrangements Request Form

https://reg3.nesinc.com/Contact/AccommodationDetails.aspx?p=MTTC

Alternative Testing Arrangements Request Form

Alternative Testing Arrangements Request Form

A red asterisk * indicates a required field.

Alternative testing arrangements may only be applied to unscheduled test registrations.

Prior to submitting this form:
- **Register** for the test(s) for which you are requesting accommodations.
- **Do not schedule** your appointment. If you did schedule a test date, please **cancel** your appointment before completing and submitting this form.

Candidate ID Number:* [   ] (Found in your registration account)

First Name:* [   ]

Middle Initial: [   ]

Last Name:* [   ]

Last 5 digits of Social Security Number:* [   ]

Email:* [   ]

Confirm Email:* [   ]

Mailing Address:* [   ]

Address Line Two: [   ]

City:* [   ]

State/Province/Region:* [   ]

Zip/Postal Code:* [   ]

Country:* [   ]

Daytime Phone:* [   ]

Evening Phone: [   ]

Test(s) for which you registered: *

[   ]

Current Characters (Max 500): 0

For Individuals for Whom English Is Not a Primary Language

☐ Check here if English is not your primary language and you are indicating a request for an extension of testing time. By doing so you certify that the basis of your request is the fact that English is not your primary language. Note: this extension is not offered for tests in languages other than English. You must enclose documentation supporting your request that certifies that English is not your primary language. You may skip the next two questions if this is your only request.

Identify the disability for which you are requesting alternative testing arrangements:*

[   ]

Current Characters (Max 500): 0

List the specific alternative testing arrangement(s) that you are requesting (please note: only the requests listed will be considered):*

[   ]

Current Characters (Max 1000): 0

If you plan to bring a medical device into the testing room, please provide the make and model of any device(s) you intend to bring:

[   ]

Current Characters (Max 500): 0

Alternative Testing Arrangements Request Form

Documentation (check one of the following)*:
○ I am requesting one of the alternative testing arrangements listed below because of a disability. Medical documentation is not required for the following accommodations:
   • Allowance of a medical device in the testing room.
   • Use of a trackball mouse.
   • Adjustable table.
○ I am requesting alternative testing arrangements other than those listed above. Therefore, I have enclosed documentation, if required, as indicated on the current program website.
○ I am requesting alternative testing arrangements other than those listed above. My institution has a copy of my documentation on file, and I am only requesting accommodations listed in section 8 of the Institutional Verification of Documentation Form. Therefore, I have submitted an Institutional Verification of Documentation Form, completed by an appropriate institution representative.
○ I have been approved for alternative testing arrangements for this testing program in the past. The accommodations I am requesting and the condition of my disability have not changed. Therefore, the documentation I have previously submitted may be used.

Previous Alternative Testing Arrangements (check one of the following)*:
○ I have not previously been granted alternative testing arrangements.
○ For a previous test session, I was granted the same alternative testing arrangements as I am currently requesting.
○ For a previous test session, I was granted different alternative testing arrangements from those that I am currently requesting.

Upload Your Files
Preview your files before uploading. Ensure they are legible and complete.
Activate the "Add" button and select a file to upload.
Continue adding files as needed, up to ten files totaling no more than 20 megabytes.
To remove a file from the queue, activate the red "X" Close button next to the filename.

Add

I have read the current program website and hereby agree to abide by the conditions set forth, including the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. I have completed my test registration and submitted correct payment. I am submitting, together with this completed Alternative Testing Arrangements Request Form for Computer-Based Testing, any required documentation as noted on the program website. If my institution is submitting an Institutional Verification of Documentation on my behalf, I authorize that institution to submit a copy of the documentation referenced on that form to Evaluation Systems upon request. I understand that the information I provide, including any supporting documentation, may be shared with the MDE in order to process my request. I understand that I should submit my request and all necessary documentation as early as possible in advance of my desired test date. Because of space, staff, and time constraints, I may not be able to schedule a test appointment with accommodations in my preferred date range. I understand and agree that the alternative testing arrangements I have requested herein will be given due consideration. If, and to the extent that, any such request is granted, I understand that I will be taking the test(s) under alternative conditions.

☐ Agree*

Please check the box below.

☐ I'm not a robot   reCAPTCHA
                     Privacy - Terms

Please note, this form must be submitted with each registration.

Submit

Documentation Requirements

- Learning or Cognitive Disability

- All Other Disabilities or Health Conditions

- English learners

- *Submitted with first request only UNLESS there is a change in the condition or the arrangements requested*

Documentation Requirements

◆ Learning or Cognitive Disability

1. Signed statement by a qualified professional
2. Recommended arrangement(s), or verification that examinee has received the accommodation at the high school or college/university level
3. Diagnosis
4. Results of diagnostic tests
5. Meet currency requirements

Documentation Requirements

◆ All Other Disabilities or Health Conditions

1. Signed statement by a qualified professional
2. Recommended arrangement(s), or verification that examinee has received the accommodation at the high school or college/university level.
3. Results of diagnostic tests
4. Meet currency requirements

Documentation of Currency Policy

- Learning or Cognitive Disabilities
  - Dated within past 5 years
  - If greater than 5 years, recommendation is from high school or later
- All Other Disabilities or Health Conditions
  - Dated within past 5 years
  - Provide confirmation of a permanent physical condition (e.g., blind, deaf)

English learners

- ◆ 50% additional time
- ◆ Must submit Alternative Testing Arrangements Request Form

For Individuals for Whom English Is Not a Primary Language

☐ Check here if English is not your primary language and you are indicating a request for an extension of testing time. By doing so you certify that the basis of your request is the fact that English is not your primary language. Note: this extension is not offered for tests in languages other than English. You must enclose documentation supporting your request that certifies that English is not your primary language. You may skip the next two questions if this is your only request.

Documentation Requirements

- ◆ English learners – 50% additional time
  - – Letter from college/university on institution's letterhead and signed by authorized representative

    OR

  - – Copy of birth certificate, visa, passport if born outside of the U.S.
  - – No currency requirement

Institutional Verification

- Applies to:
  - 50% extra time
  - ASL interpreter for communication with test center staff
  - Braille test format
  - Screen magnification software greater than 200%
- https://www.mttc.nesinc.com/Content/Form/IVOD.htm

Institutional Verification Requirements

◆ Documentation printed on official institution letterhead

◆ Documentation completed and signed by an authorized professional

– Office of Disability Services at the institution

– Department of Vocational Rehabilitation in the examinee's state of residence

Institutional Verification of Documentation

Institutional Verification of Documentation

Authorized Institutional Representative Information

This portion of the form may only be completed by a college/university or vocational rehabilitation representative as described above.

3. Representative Name

4. Representative Title

5. Institution

6. Representative Telephone Number

7. Representative Email Address

8. Alternative Testing Arrangements

Indicate which of the following accommodations are supported by the documentation on file at your institution and provided by your institution for the examinee. If the examinee is requesting an accommodation not listed below, documentation must be submitted directly to Evaluation Systems.

☐ 50% Extra time (time and one half)

☐ Screen magnification software (allowing for magnification greater than 200%)*

☐ Sign language interpreter (for communication with test center staff)

☐ Braille test format

*All examinees have access to visual enhancement features, including color contrast and font enlargement up to 200%, without prior approval.

Institutional Verification of Documentation

Documentation

Please provide the following information contained in the most recent documentation on file for the examinee named in section 1 of this form. Please note that the diagnosing professional cannot be the individual named in section 3.

9. Diagnosed disability or disabilities:

Diagnosed disability:

Name and credentials of diagnosing professional:

Date of the evaluation:
mm/dd/yyyy

Diagnosed disability:

Name and credentials of diagnosing professional:

Date of the evaluation:
mm/dd/yyyy

Diagnosed disability:

Name and credentials of diagnosing professional:

Date of the evaluation:
mm/dd/yyyy

If you require more space, you may attach an additional document, printed on institution letterhead, and then submit with this completed form.

Institutional Verification of Documentation

10. Certification

Please review the below statements. If any of the below statements cannot be certified, please submit documentation directly to Evaluation Systems in lieu of submitting this form.

By initialing each statement below, I certify that:

The documentation on file for this examinee meets all requirements described in "Required Documentation" on the Michigan Test for Teacher Certification program website.

The documentation on file for this examinee is current, according to the "Documentation Currency Policy" on the Michigan Test for Teacher Certification program website.

I understand this form may only be used for the accommodations listed in section 8.

11. I certify that I am the person whose name appears on this form. I have printed this form on official institution letterhead. I have reviewed the "Registering for Alternative Testing Arrangements" section of the current Michigan Test for Teacher Certification program website and certify that the documentation supporting the examinee's request for accommodations referenced on this form meets the criteria described therein and is on file with the institution named on this form. I agree to produce a copy of the documentation referenced on this form for Evaluation Systems upon request as part of program monitoring and review, which may include routine audits. Evaluation Systems reserves the right to suspend the Institutional Verification of Documentation option for an institution found to be in noncompliance with associated requirements as a result of such an audit. I understand that the examinee authorizes the release of this information by submitting a completed Alternative Testing Arrangements Request Form.

Signature

Date

mm/dd/yyyy

Print this form on institutional letterhead. You may "save as PDF" first to save it, and then print it on institutional letterhead when you are able to do so.

Print

Appeals Process

- Submitted in writing
  - Name, address, candidate ID number
  - Date of the appeal
  - Additional documentation that supports the request
  - Brief summary of why the request should be granted
  - Candidate's signature on the appeal

Q & A

Wrap-Up & Questions