



**Training Audit Agenda  
December 1-3, 2015**

**Tuesday, December 1, 2015**

- 8:30 TEA Arrive at Region 6 / Set up
- 9:00 Opening Session
  - ✓ Audit Overview
  - ✓ Review Self-Report
  - ✓ Data Review
  - ✓ Action Plan
- 10:00 Audit
  - ✓ Program Design & Delivery-TAC
  - ✓ The Field Based Experience
- 10:45 Break
- 10:55 Audit
  - ✓ The Field Based Experience
  - ✓ Action Plan
- 11:45 Lunch
- 12:45 Audit
  - ✓ The Internship / Clinical Teaching-TAC
  - ✓ Candidate Records Review
- 2:15 Audit
  - ✓ Testing the Field Supervisor Observation Tool
  - ✓ Action Plan
- 3:30 Adjourn
  - ✓ Return to EPP office to retrieve missing documentation for next day.

**Wednesday, December 2, 2015**

- 8:30 Welcome & Warm-Up
- 8:40 Begin Curriculum Review
  - ✓ Texas Administrative Code
  - ✓ Understanding Ed. Standards
  - ✓ The Big Picture
- 10:00 Break
- 10:10 Audit
  - ✓ Curriculum Self-Assessment
- 12:00 Lunch
- 1:00 Audit
  - ✓ Curriculum Self-Assessment
- 3:00 Audit
  - ✓ Action Plans
- 3:30 Adjourn
  - ✓ Return to EPP office to retrieve missing documentation for next day.

**Thursday, December 3, 2015**

8:30 Welcome / Warm-Up

9:45 Audit

- ✓ Program Governance
- ✓ Action Plan

10:30 Break

10:35 Audit

- ✓ Admission Practices
- ✓ Transcript Review
- ✓ Candidate Records Review

12:00 Lunch

1:00 Audit

- ✓ Candidate Records Review
- ✓ Action Plan

- ✓ Complete Unfinished Work  
OR  
Close Audit & Adjourn

### Deliverable #1 - Program Governance & Evaluation

Record your information in the white blocks below

**Program Name:** \_\_\_\_\_ **County/District Code:** \_\_\_\_\_

§228.20(c): Governing body shall provide support,	§228.20(e): Advisory Committee Members			
	Public/Private K-12 Schools/Districts	ESC	IHE	Community
Meeting Dates	§228.20(b): Advisory Committee Activity			
	Design (Example)	Delivery (Example)	Evaluation (Example)	Major Policy Decision (Example)
Discussions of Professional Class Programs (Dates)				
Superintendent	School Librarian	Principal	Ed Diagnostician	Counselor
§228.20(b): ...The approved educator preparation program shall approve the roles and responsibilities of each member of the advisory committee....				
Year	Training Dates	Training Material	Training Verification	Frequency of Training
2015-2016				
2014-2015				
2013-2014				
2012-2013				

Based on the information gathered above, what implications does this have for your advisory committee?

- 1.
- 2.
- 3.

I verify this information is true and accurate:

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Authorized Signature (typed name represents an electronic signature.)

Date

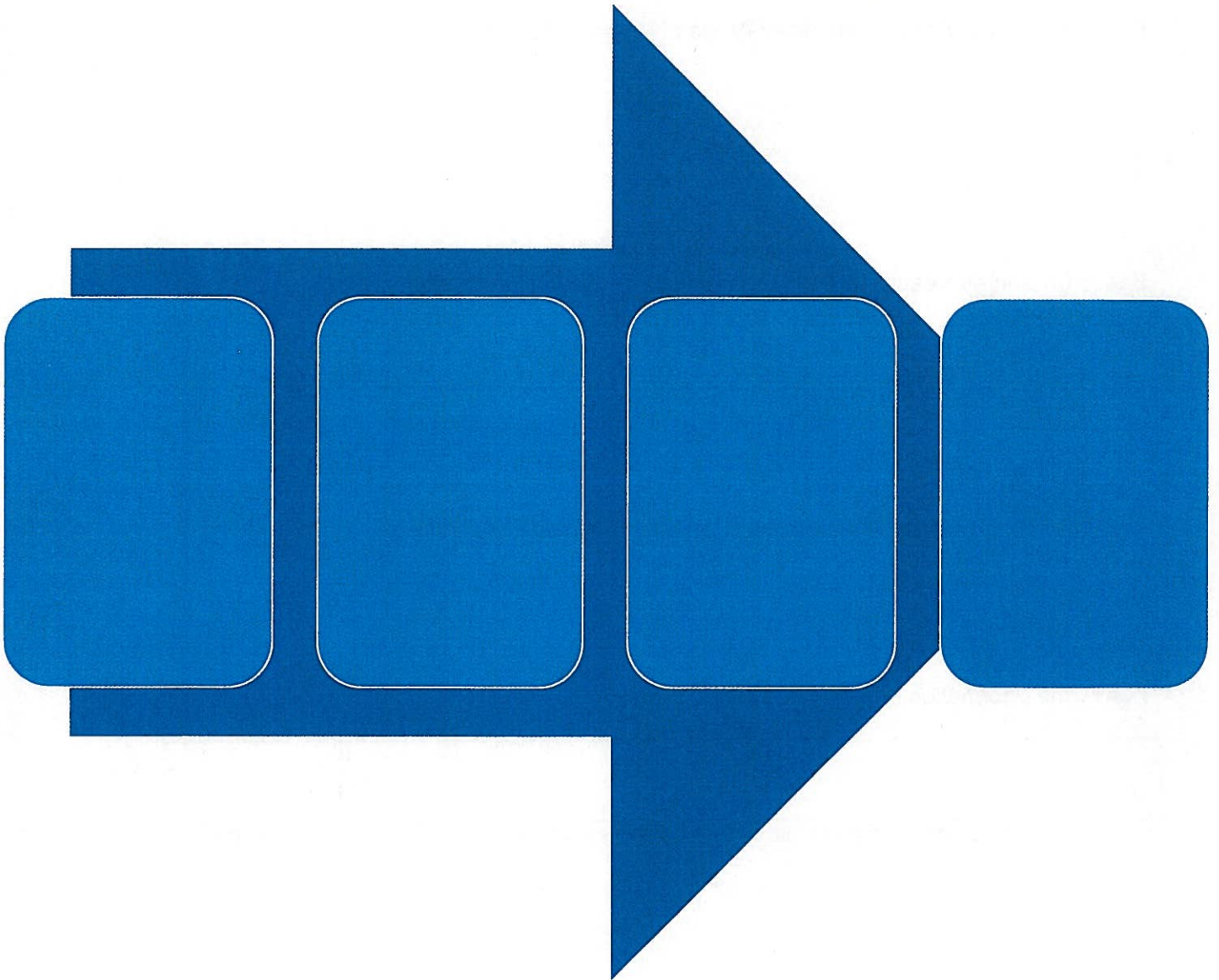
## Deliverable #2 - Component 5: Benchmarks of Candidate Progress Through Program

**Program Name:**

**County/District Code:**

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Note: Documentation of candidate progress through these benchmarks should be retained in candidate records.



## Component 5: Program Evaluation

From whom do you currently receive feedback concerning your EPP form and function? Include all sources - internal and external.

Based on Survey Results, Identify 2 Areas of Program Strength:

1.

2.

Based on Survey Results, Identify 2 Areas of Program Growth Potential:

1.

2.

Identify a Target Audience to Survey to obtain Actionable Feedback:

I verify the information above is true and accurate:

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Authorized Signature (typed name represents electronic signature)

Date



# Deliverable #3A - Candidate Records Review (Admission)

**Program Name:**

**County/District Code:**

	Application			Transcript				Out of Country				
	Candidate (Name & TEA ID)	Completed Application (Y / N)	Formal Admission Date	Interview (Y/N) Rubric (Y/N)	1 <sup>st</sup> Test Taken (Date)	Admission GPA (if below 2.75, provide documentation for exception)	Last School Name	Conferred Degree (Identify degree/date)	Transcript Review (Y / N)	TOEFL Score	Signe Code of Ethics (Y / N)	Signed FERPA (Y / N)

I verify the information above is true and accurate:

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Authorized Signature (typed name represents electronic signature)

Date





# Deliverable #3B - Candidate Records Review (Admission Extras)

**Program Name:**

**County/District Code:**

Record additional admission requirements in this chart. Replace the words "Admission Requirement" with the name of your requirement. Then record for each candidate if that item is present in the candidate record.

Candidate Name & TEA ID	Background Check (Y/N)	GPA of Coursework in Teaching Field	Formal Admission Info.	Benchmark Information	Basic Skills (ACT, SAT, THEA, TSI Exempt, etc.)	Admission Requirement	Admission Requirement

I verify the information above is true and accurate:

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Authorized Signature (typed name represents electronic signature)

Date



# Deliverable #3C - Candidate Records Review

Program Name: Sam Houston State University

County/District Code: 236501

Candidate Information	Mentor	Field Supervisor			Observation Record								
Candidate (Name & TEA ID)	Name	12 Weeks, 24 Weeks, or 180 Days? (Start & End Dates)	Name	Trained (Date & Evidence)	Credentials (Certificates & Expiration Dates)	Trained (Date & Evidence)	1st Contact (Date & Evidence)	1st Observation (Date) *Note: If not 45 minutes, then not an observation	2nd Observation (Date)	3rd Observation (Date)	Interactive Conference? (Verifiable Evidence= Start/Stop Time)	Campus Administrator Received Copy? (Verifiable Evidence)	Instructional strategies observed / Feedback from FS (quote from observation form)

I verify the information above is true and accurate:

Date

Authorized Signature (typed name represents electronic signature)



## Deliverable #4A - Curriculum Audit

**Program Name:** \_\_\_\_\_

**County/District Code:** \_\_\_\_\_

Course / Module Information for Certification Field: \_\_\_\_\_

Complete the chart below using information one of your curriculum modules:

Course / Module Information	Projects & Activities	Assessments & Rubrics
<b>Course Name:</b>		
<b>Knowledge Standards Covered:</b>	<b>Knowledge Projects / Activities:</b>	<b>Knowledge Assessments:</b>
<b>Skills Standards Covered:</b>	<b>Skills Projects / Activities:</b>	<b>Skills Assessments:</b>

Complete the chart below using information one of your curriculum modules:

Course / Module Information	Projects & Activities	Assessments & Rubrics
<b>Course Name:</b>		
<b>Knowledge Standards Covered:</b>	<b>Knowledge Projects / Activities:</b>	<b>Knowledge Assessments:</b>
<b>Skills Standards Covered:</b>	<b>Skills Projects / Activities:</b>	<b>Skills Assessments:</b>

Based on the information gathered above, what implications does this have for your curriculum?

I verify that the information provided in this document is true and accurate:

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Authorized Signature

Date





## Deliverable #4B – Curriculum Audit

Program Name: \_\_\_\_\_ County/District Code: \_\_\_\_\_

Certification Field \_\_\_\_\_

For each course in the certification field, record the information requested in the chart below.

Course Name / Format (face-to-face; online; hybrid)	Standards Identified	Focus of Course	Format of Knowledge Delivery	What Does Instructor Model?	Standards-Based Assessments Identified	Number of Interactive Opportunities	Number of Lesson Plans Required	Number of Teach/Critique Opportunities	Types of Remediation

I verify this information is true and accurate:

	Date
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Authorized Signature (typed name represents an electronic signature.)









Complete the chart with FBE information for the remaining candidates on your list.

Candidate (Name & TEA ID)	Variety of Settings (Y / N)	Hours			Reflection (Y/N)
		Interactive (# Hours)	Non-Interactive (# Hours)	Video (# Hours)	
				Total (# Hours)	

I verify the information provided above is true and accurate:

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Authorized Signature (typed name represents electronic signature)

Date



## Deliverable #6 – Compliance with TAC Curriculum

Use your syllabi, alignment charts, and modules of coursework to complete the chart below.

Program Name:

County/District Code:

Curriculum Requirement	Taught In...	How many class sessions/minutes devoted to topic	Evidence	Which Candidates Take this Course?

Based on the information gathered above, what impact does this have on your curriculum, if any?

I verify this information is true and accurate:

	Date
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Authorized Signature (typed name represents an electronic signature.)



# Compliance Plan 2015 – 2016

Program Name: Sam Houston State University

County/District Code: 236501

Component	Compliance Discrepancy to be Addressed	General Recommendations	Idea(s) for Improvement	Implementation Date	Contact Person	Evidence of Completion (complete with TEA)
Governance						
Admission						
Curriculum						
Delivery & Support						
Program Evaluation						
Professional Conduct						
Complaint Process						
Issuance of Certificates						

I agree to implement the action items listed above:

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EPP Authorized Signature

Date

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TEA Authorized Signature

Date

