



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Education and Certification
 Old Capitol Building
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DUE DATE:
July 31, 2006
RECEIVED OSPI

**ESA PREPARATION PROGRAM ANNUAL REPORT FOR
 July 1, 2005–June 30, 2006**

AUG 0 1 2006

Professional Education

INSTITUTION Central Washington University	ROLE <input type="checkbox"/> Counselor <input checked="" type="checkbox"/> Psych <input type="checkbox"/> Soc Worker	PREPARED BY Eugene R. Johnson	DATE July 31, 2006	TELEPHONE NUMBER 509-963-2501	E-MAIL johnsong@cwu.edu
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I. EXECUTIVE SUMMARY

The following information should be completed by the dean or director of education or his/her designee for each program.

Please respond to the following questions only. You may add other information/changes/highlights/activities on a separate sheet, if you wish.

For OSPI Use only

<p>1. List PEAB recommendations and program responses to the recommendations.</p> <p>All recommendations made by the PEAB during the 2005-2006 school year focused on review of program standard. In the area of Performance-Based Program Assessment and Accountability. The following standards were reviewed: IV - 4.1, 4.2, and 4.3. The results are as follows:</p> <p>Recommendations: On our 2004-2005 Annual Report, the PEAB recommended that they review the current internship evaluation which is completed by site supervisors. The PEAB reviewed this document during our first meeting and it was recommended that all items on the document be aligned with the current OSPI and NASP training standards for school psychologists. The PEAB also recommended that all other assessment documents also be aligned with the current standards.</p>	<p>Program Response: The Program responded to the PEAB by aligning all assessment documents with OSPI and NASP standards. The following documents were included: the School Psychology Intern Evaluation for Training and Professional Practice, the School Psychology Program Internship Log, the School Psychology Professional Work Characteristics and Disposition Form, the School Psychology 592A Practicum Evaluation, the School Psychology 592B Practicum Evaluation, the School Psychology Program Portfolio Guidelines, and the School Psychology Program Final Portfolio Assessment Criteria. All modified forms and evaluation techniques are in place to be utilized during the 2006-2007 school year.</p>	
<p>2a. If your program had a site visit during 2005-2006, list the areas identified as "unacceptable" and/or recommendations made by the site visit team and include a summary of steps program has taken to respond to areas identified. Refer to your site visit report for those items.</p> <p style="text-align: center;">OR</p> <p>2b. If your program gave an update on last year's annual</p>	<p>Standard: Section: na Response:</p> <p>Standard:</p>	

<p>report but has made additional progress on correcting the areas listed as "unacceptable" or recommendations indicated in your site visit report, please give us an update.</p>	<p>Section: na Response:</p> <p>Standard: Section: na Response:</p> <p>Standard: Section: na Response:</p> <p>Site Team Report Recommendation: Response:</p> <p>Site Team Report Recommendation: Response:</p> <p>Site Team Report Recommendation: Response:</p>	
<p>3. Current PEAB Operating Procedures or Bylaws are on file:</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4. PEAB annually reviews follow-up studies and placement records:</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (every 5 years)</p>	
<p>5. PEAB has reviewed all program approval standards at least once every five years? Standard(s) reviewed in the last year?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Standard(s): IV Performance-Based Program Assessment and Accountability #4.1, 4.2 and 4.3</p>	
<p>6. Indicate the number of persons enrolled in the program 9/1/04 – 8/31/05</p>	<p>19</p>	
<p>7. Indicate the number of persons completing program 9/1/04 – 8/31/05</p>	<p>Degrees - 6 Certificaiton - 4</p>	

8. Make any corrections to AS126 form (Location of ESA Programs)	<input type="checkbox"/> Corrections made on attached AS126 <input checked="" type="checkbox"/> AS126 is accurate as sent	

If your PEAB membership is not in compliance with WAC 181-78A-209(1), please identify the deficiencies and how you plan to correct them.

II. PEAB Attendance and Membership

MEMBER'S NAME	V=voting N=nonvoting	ROLE (e.g. counselor, psych, SSW, principal)	College/University (e.g. WSU) ASSOCIATION AFFILIATION (e.g. WSCA, WASSW, WSASP, AWSP, WEA)	ESA PEAB <input type="checkbox"/> Counselor <input checked="" type="checkbox"/> Psych <input type="checkbox"/> Soc Worker				ADDITIONAL MEETING DATES	
				REQUIRED MEETING DATES					
				Date 10-7	Date 1-20	Date 5-26	Date 6-2		
Al Albertson	v	psychologist	WSASP	x	x	x	x		
Dianne Andreassen	v	psychologist	WEA	x	x		x		
Eric Andreassen	v	psychologist	WSASP	x	x	x	x		
Steve Gill	v	psychologist	WSASP	x	x	x			
Cindy Jacobsen	v	psychologist	WSASP	x	x	x	x		
Tammie Jensen-Tabor	v	psychologist	WSASP	x	x		x		
Gene Johnson	v	psychologist	CWU	x		x	x		
Debra Knesal	v	principal	AWSP		x				
Keith Mars	v	psychologist	WSASP	x	x	x	x		
Bill Rasplica	v	psychologist	WASA	x	x		x		

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the Professional Education Advisory Board has seen, reviewed and approved this report.

Name: _____

(Title)

Date: July 31, 2006

III. PEAB Financial Report Concerning Precertification Program Activities for July 1, 2005—June 30, 2006

COLLEGE/UNIVERSITY	ESA PEAB
CWU (e.g., WSU)	Psych (e.g., psych., couns., soc. wrk.)

CONTACT PEOPLE

WAC 181-78A-261(2) An officially designated administrator is responsible for the management of operations and resources for the preparation program.

Fiscal Agent (must be a school district/educational service district or public college/university)

COLLEGE/UNIVERSITY PROGRAM PEAB ADMINISTRATOR	
NAME Eugene R. Johnson	
PREFERRED MAILING ADDRESS Psychology Department Central Washington University 400 E. University Way Ellensburg, WA 98926	
E-MAIL ADDRESS johnsong@cwu.edu	
WORK TELEPHONE NUMBER (509) 963-2501	HOME TELEPHONE NUMBER (509) 962-6679

FISCAL AGENT	
NAME Bill Rasplica	
PREFERRED MAILING ADDRESS Special Education Director Franklin Pierce School District 315 129 th St. S. Tacoma, WA 98444	
E-MAIL ADDRESS bill_rasplica@fp.k12.wa.us	
WORK TELEPHONE NUMBER (253) 535-9872	HOME TELEPHONE NUMBER (360) 893-3704

If next year's PEAB administrator will be different, please complete the information below:

If next year's fiscal agent will be different, please complete the information below:

NEXT YEAR'S PROGRAM PEAB ADMINISTRATOR	
NAME	
PREFERRED MAILING ADDRESS	
E-MAIL ADDRESS	
WORK TELEPHONE NUMBER ()	HOME TELEPHONE NUMBER ()

NEXT YEAR'S FISCAL AGENT	
NAME	
PREFERRED MAILING ADDRESS	
E-MAIL ADDRESS	
WORK TELEPHONE NUMBER ()	HOME TELEPHONE NUMBER ()

I certify (or declare) under penalty of perjury under the laws of the state of Washington that invoice payments were based on state per diem and allowable expenses and that the information in this annual financial report is true and correct.

Name: Eugene R. Johnson
 (Dean or director of college/university program)

Date: July 31, 2006

IV. PEAB Financial Report (WAC 181-79A-131)

COLLEGE/UNIVERSITY
 CWU
 (e.g., WSU)

ESA PEAB
 Psych
 (e.g., psych., couns., soc. wrk.)

Please complete this PEAB financial report for last fiscal year (July 1, 2005, to June 30, 2006). The program PEAB administrator is responsible for keeping records of revenue received (grants from OSPI, etc.) and records of expenditures (which includes receipts for money spent). This information must be available if audited. If you have any questions, please call Debbie Stevens, Professional Education and Certification, at (360) 725-6328.

1. REVENUE

	DATE	AMOUNT
Balance of PEAB funds in account (i.e., carryover)	July 1, 2005	\$253.68
Basic Grants received 2005-06 fiscal year	9-14-05	\$1,200.00
Other revenue (if applicable)		

Add carryover and grants received

TOTAL REVENUE

(a) \$1,453.68

2. EXPENDITURES

A. Meetings: (Basic Grant)

Precertification funds are to be used for the required four PEAB meetings. All expenses claimed must be within the state's per diem. (Some PEABs keep a matrix that itemizes meeting expenses. If you attach such a matrix, you need only to put the total amount spent on meetings in box "b.")

Number of meetings held during the fiscal year 4

Number of members serving during the fiscal year 10

Total travel expenses for members to attend PEAB meetings (mileage is calculated at state approved rate, also include parking, ferry, etc.)

\$677.40

Refreshments (if applicable)

Operating Expenses (postage, printing, etc.)

\$34.61

Other (provide details on separate sheet of paper)

TOTAL EXPENDITURES FOR MEETINGS

(b) \$712.01

3. BALANCE

Balance of PEAB funds in account on June 30, 2005 (subtract total expenditures line (b), from total revenue line (a)). Your balance on line (c) will be a carryover to the next fiscal period.

(c) \$741.67