



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Education and Certification
 Old Capitol Building
 PO BOX 47200
 Olympia, WA 98504-7200
 (360) 725-6320 TTY (360) 644-3631

DUE DATE:
July 31, 2006
RECEIVED OSPI

AUG 04 2006

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

INSTITUTION Eastern Washington University.	ROLE <input type="checkbox"/> Counselor <input type="checkbox"/> Psych <input checked="" type="checkbox"/> Soc Worker	PREPARED BY Curtis Chambers	DATE 7/27/06	TELEPHONE NUMBER (509) 499-8021	Professional Education E-MAIL cchambers@mail.ewu.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
1. List PEAB recommendations and program responses to the recommendations.	None Made	
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. OR 2b. If your program gave an update on last year's annual 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.	Standard: 4 Section: a Response: New administrator appointment made by WASA in mid-year. He attended last tow meetings. Our principal resigned so we will need new appointment for next year. Standard: Section: Response: Standard: Section: Response: Standard: Section: Response: Site Team Report Recommendation: Response:	

	<p>Site Team Report Recommendation:</p> <p>Response:</p> <p>Site Team Report Recommendation:</p> <p>Response:</p>	
3. Current PEAB Operating Procedures or Bylaws are on file:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. PEAB annually reviews follow-up studies and placement records:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. PEAB has reviewed all program approval standards at least once every five years? Standard(s) reviewed in the last year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Standard(s): Five year plan in place. None reviewed this year because focus was on addressing the program changes and professional certification process. Will review standards 3-5 next year.	
6. Indicate the number of persons enrolled in the program 9/1/04 – 8/31/05	18	
7. Indicate the number of persons completing program 9/1/04 – 8/31/05	12	
8. Make any corrections to AS126 form (Location of ESA Programs)	<input checked="" type="checkbox"/> Corrections made on attached AS126 <input 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

College/University
(e.g. WSU)

ESA PEAB

Counselor Psych Soc Worker

MEMBER'S NAME	V=voting N=nonvoting	ROLE (e.g. counselor, psych, SSW, principal)	ASSOCIATION AFFILIATION (e.g. WSCA, WASSW, WSASP, AWSP, WEA)	REQUIRED MEETING DATES				ADDITIONAL MEETING DATES	
				Date 12-2- 05	Date 1-20- 06	Date 3-17- 06	Date 5-12- 06		
Altshuler, Sandi	V	EWU Professor	EWU				X	X	
Canham, Linda	V	SSW	WASSW	On Leave					
Chambers, Curt	V	SSW	WASSW	X	X	X	X	X	
Espinoza, Shannon	V	Teacher	WEA	X	X	X	X	X	
Headlee, Ralph	V	Administrator	WASA				X	X	
Larsen, Christine	V	SSW	WASSW	X	X	X	X	X	
Lavitt, Melissa	V	EWU Assoc. Dean	EWU			X			
Magee, Julie	V	Counselor	WEA		X	X	X	X	
McCullom, Pat	V	PEAB Program Administrator	EWU	X	X	X	X	X	
Mirich, Joe	V	Principal	AWSP				X		
Schlotter, Cathleen	V	SSW	WASSW	X	X	X		X	
Scott, Jack	V	SSW	WASSW	X	X	X	X	X	
Thies, Jeanne	V	SSW	WASSW	X	X	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: _____

Date: _____

(Title)

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

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

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

COLLEGE/UNIVERSITY PROGRAM PEAB ADMINISTRATOR	
NAME Pat McCollom	
PREFERRED MAILING ADDRESS School of Social Work <i>Senior Hall</i> Eastern Washington University Cheney, WA. 99004	
E-MAIL ADDRESS pmccollom@mail.ewu.edu	
WORK TELEPHONE NUMBER ()	HOME TELEPHONE NUMBER (509) 838-4925

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

NEXT YEAR'S PROGRAM PEAB ADMINISTRATOR	
NAME Curtis Chambers	
PREFERRED MAILING ADDRESS School of Social Work <i>Senior Hall</i> Eastern Washington University Cheney, WA. 99004	
E-MAIL ADDRESS cchambers@mail.ewu.edu	
WORK TELEPHONE NUMBER (509) 499-8021	HOME TELEPHONE NUMBER (509) 326-8212

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

FISCAL AGENT	
NAME Dorothy Mitcham	
PREFERRED MAILING ADDRESS Mead School District 12828 N. Newport Highway Spokane, WA 99021	
E-MAIL ADDRESS	
WORK TELEPHONE NUMBER (509) 465-6000	HOME TELEPHONE NUMBER ()

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

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: _____
 (Dean or director of college/university program)

Date: _____

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

COLLEGE/UNIVERSITY	ESA PEAB
(e.g., WSU)	(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	\$4.46
Basic Grants received 2005-06 fiscal year	October 1, 2005	\$800.00
Other revenue (if applicable)		

Add carryover and grants received

TOTAL REVENUE

(a) \$804.46

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 5

Number of members serving during the fiscal year 12

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

Refreshments (if applicable)

Operating Expenses (postage, printing, etc.)

Other (provide details on separate sheet of paper)

\$342.70
\$443.82
\$5.80
0

TOTAL EXPENDITURES FOR MEETINGS

(b) \$792.32

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) \$12.14

- **Substitute Teacher Reimbursement**—Reimbursement to school districts for substitute teacher expenses should not be part of expenditures reported on this form. (For substitute reimbursement, submit Form SPI 605 to Professional Education and Certification before meetings and Form SPI F-720 to school district after meetings.)

LOCATION OF ESA PROGRAMS

College or University	Type of ESA	"Main" Campus	Off "Main" Campus Sites
Central Washington University	Counselor	Yes	
	Psychologist	Yes	
City University	Counselor	Yes	Tacoma, Northgate, Vancouver (WA)
Eastern Washington University	Counselor	Yes	
	Psychologist	Yes	
	Social Worker	Yes	Cheney, Everett, Spokane, Toppenish <i>Yakima & Vancouver oh</i>
Eastern Washington University/Washington State University (offered jointly)	Psychologist	Yes	Regional Program
Gonzaga University	Counselor	Yes	
Heritage University	Counselor		Wenatchee & Tri-Cities
Saint Martin's College	Counselor	Yes	
Seattle Pacific University	Counselor	Yes	
Seattle University	Counselor	Yes	
	Psychologist	Yes	
University of Puget Sound	Counselor	Yes	
University of Washington	Psychologist	Yes	
	Social Worker	Yes	
Walla Walla College	Social Worker	Yes	
Washington State University	Counselor	Yes	Tri-Cities
Western Washington University	Counselor	Yes	
Whitworth College	Counselor	Yes	

as of: April 2005

Program information is subject to change. Please check with the college or university for possible updates and specific program information.

AS # 126