



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) 664-3631

**DUE DATE:**  
**July 31, 2006**  
**RECEIVED OSPI**

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

JUL 10 2006

Professional Education

INSTITUTION <b>Gonzaga University</b>	ROLE <input checked="" type="checkbox"/> Principal <input checked="" type="checkbox"/> Prog Adm <input checked="" type="checkbox"/> Supt	PREPARED BY <b>Dennis A. Conners</b>	DATE <b>July 5, 2006</b>	TELEPHONE NUMBER <b>(509) 323-3650</b>	E-MAIL <b>dconners@gonzaga.edu</b>
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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	<b>This year the PEAB approved seven Key Assessments for all three Gonzaga University administrative programs.</b>	
2. PEAB participates in the candidate selection process for principal preparation programs per WAC 181-78A-250:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Comments:	
3a. 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 the steps program has taken to respond to the areas identified. Refer to your site visit report for those items <p style="text-align: center;">OR</p> 3b. 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: Section: Response:   Standard: Section: Response:   Standard: Section: Response:	

	<p>Site Team Report Recommendation: Response:</p> <p>Site Team Report Recommendation: Response:</p> <p>Site Team Report Recommendation: Response:</p>	
4. Current PEAB Operating Procedures or Bylaws are on file:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. PEAB annually reviews follow-up studies and placement records.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. 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): Knowledge and Skills	
7. Indicate the number of persons enrolled in the program 9/1/04 – 8/31/05	Principal: 30      Program Admin: 3      Superintendent: 3	
8. Indicate the number of persons completing programs 9/1/04 – 8/31/05	Principal: 7      Program Admin: 0      Superintendent: 2	
9. Make any corrections to AS127 form (Location of Administrator Program)	<input type="checkbox"/> Corrections made on attached AS127 <input checked="" type="checkbox"/> AS127 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)

Principal     Admin PEAB  
 Prog Admin     Superintendent

MEMBER'S NAME	V=voting N=nonvoting	ROLE (e.g. teacher, principal)	ASSOCIATION AFFILIATION (e.g. WEA, AWSP, WASA, WFIS)	REQUIRED MEETING DATES				ADDITIONAL MEETING DATES	
				Date	Date	Date	Date		
Benzel, Brian	V	Superintendent	WASA	9/9	12/9	4/14	6/23		
Bialozor, Bob	N	Dept. Chairperson	Gonzaga University	9/9	12/9	4/14	6/23		
Campbell, Tammy	V	Principal	AWSP	9/9	12/9	4/14	6/23		
Copeland, Mo	V	Headmaster	WFIS	9/9	12/9	4/14	6/23		
Conners, Dennia Arthur	N	Program Director	Gonzaga University	9/9	12/9	4/14	6/23		
Dieter, Cathy	N	Certification Officers	Gonzaga University	9/9	12/9	4/14	6/23		
Dunlap, Brian	N	Community Outreach	Gonzaga University	9/9	12/9		6/23		
Dunn, Michael	V	Superintndent	WASA	9/9	12/9	4/14	6/23		
Espinoza, Shannon	V	Teacher	WEA	9/9	12/9	4/14	6/23		
Penberthty, Cleve	V	Principal	AWSP	9/9	12/9	4/14	6/23		
Schafer, Duane	V	Superintendent	WFIS	9/9		4/14			

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: \_\_\_\_\_

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

COLLEGE/UNIVERSITY (e.g., WSU)	ADMIN PEAB (e.g., prin., prog. admin., supt.)
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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.

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

<b>COLLEGE/UNIVERSITY PROGRAM PEAB ADMINISTRATOR</b>	
NAME Dennis Arthur Conners	
PREFERRED MAILING ADDRESS Leadership Formation Program, AD Box 25 Gonzaga University Spokane, WA 99258-0001	
E-MAIL ADDRESS dconners@gonzaga.edu	
WORK TELEPHONE NUMBER ( 509 ) 323-3650	HOME TELEPHONE NUMBER ( )

<b>FISCAL AGENT</b>	
NAME Dorothy Mitcham	
PREFERRED MAILING ADDRESS Mead School District 12828 N. Newport Highway Mead, WA 99021-9690	
E-MAIL ADDRESS	
WORK TELEPHONE NUMBER ( 509 ) 465-6022	HOME TELEPHONE NUMBER ( )

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:

<b>NEXT YEAR'S PROGRAM PEAB ADMINISTRATOR</b>	
NAME Same as Above	
PREFERRED MAILING ADDRESS	
E-MAIL ADDRESS	
WORK TELEPHONE NUMBER ( )	HOME TELEPHONE NUMBER ( )

<b>NEXT YEAR'S FISCAL AGENT</b>	
NAME Same as Above	
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: Dennis Arthur Conners  
(Dean or director of college/university program)

Date: 7/5/06

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

COLLEGE/UNIVERSITY	ADMIN PEAB
(e.g., WSU)	(e.g., prin., prog. admin., supt.)

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	301.63
Basic Grants received 2005-06 fiscal year	11/1/05	500.00
Special Projects Grant	2/22/06	2,400/00
Other revenue (if applicable)		

Add carryover and grants received

**TOTAL REVENUE**

**(a) 3,201.63**

**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

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

Number of members serving during the fiscal year 11

Refreshments (if applicable)

Operating Expenses (postage, printing, etc.)

Other (provide details on separate sheet of paper)


**TOTAL EXPENDITURES FOR MEETINGS**

**(b) 0.00**

**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) 3,201.63**

- **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.)
- **Anticipated Expenditures**—If you anticipate that the expenditures for 2006-07 related to PEAB meetings will differ from your 2005-06 expenditures, please provide an amount and rationale for additional expenditures.