



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

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

JUL 31 2006

Professional Education

INSTITUTION University of Washington	ROLE <input type="checkbox"/> Counselor <input type="checkbox"/> Psych Worker <input checked="" type="checkbox"/> Soc Worker	PREPARED BY Michelle Bagshaw	DATE July 26, 2006	TELEPHONE NUMBER 206.616.1561	E-MAIL mbagshaw@u.washington.edu
--	---	--	------------------------------	---	--

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.	Survey of school social work practicum site supervisors (N=8) indicated that upon completing their Internships MSW candidates had developed competencies in the areas of behavioral theory and application, working with small groups, organizing and planning workload, working with families and children from diverse backgrounds, advocating appropriately while in a school setting, brokering resources, collaborating with other professionals, case management, skills as well as experience in protecting a student's confidentiality and resolving ethical dilemmas within a school setting. They were less skilled in interpreting academic data, delivering classroom instruction, knowledge regarding specific childhood diagnosis and medical conditions, and special education/504 services. They were least skilled at implementing standardized tests. This survey data will be presented to the PEAB board in the fall of 2006 for further discussion. No new recommendations are being made at this time.	(
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: Section: Response: Standard: Section: Response:	

	<p>Standard: Section: Response:</p> <p>Site Team Report Recommendation: Response:</p> <p>Site Team Report Recommendation: Response:</p> <p>Site Team Report Recommendation: 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): WAC 180-78A-264 Approval Standard—Program Design	
6. Indicate the number of persons enrolled in the program 9/1/04 – 8/31/05	43	
7. Indicate the number of persons completing program 9/1/04 – 8/31/05	25	
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)	REQUIRED MEETING DATES				ADDITIONAL MEETING DATES
				<input type="checkbox"/> Counselor <input type="checkbox"/> Psych <input checked="" type="checkbox"/> Soc Worker				
				Date 9/30/0 5	Date 1/13/0 6	Date 3/10/0 6	Date 5/19/0 6	
Melissa Saxon	V	School Social Worker	Franklin-Pierce S.D.	x	x	x	x	
Jerry Moss	V	Principal	WSASP	x	x	x	x	
Ann Pulkkinen	V	School Social Worker	Maple Valley S.D.	x	x	x		
William Rasplica	V	Learning Support Services specialist	WASA	x				
Sydney Sakamoto	V	School Social Worker	Clover Park S.D.			x	x	
Cindi Pederson	V	Teacher	Washougal S.D.		x	x		
Barb Dubin	V	School Social Worker	Everett S.D.		x	x		
Kim Drews	V	School Social Worker	Everett S.D.		x	x		
Mary Boben	N	School Social Worker	WASSW Liaison		x	x		
Tom Diehm	V	Practicum Coordinator	UW Tacoma	x	x	x		
Jane Macy	V	Continuing Education	UW Seattle	x	x	x		
Michelle Bagshaw	V	Dean's Office	UW Seattle				x	
Tony Ishisaka	V	(Former) Acting Associate Dean	UW Seattle	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: Michelle Bayless, Assistant Director Date: July 30, 2006
(Title) Professor Regis

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

COLLEGE/UNIVERSITY <i>UW</i> (e.g., WSU)	ESA PEAB <i>Soc Wrk</i> (e.g., psych., cours., 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 Michelle Bagshaw, Assistant Director of Professional Degree Programs	
PREFERRED MAILING ADDRESS 4101 15 th ave NE, School of Social Work, Seattle, WA 98105	
E-MAIL ADDRESS mbagshaw@u.washington.edu	
WORK TELEPHONE NUMBER (206) 616.1561	HOME TELEPHONE NUMBER ()

FISCAL AGENT	
NAME Carrie Leath	
PREFERRED MAILING ADDRESS 4101 15 th Ave NE , School of Social Work, Seattle WA 98105	
E-MAIL ADDRESS carriel@u.washington.edu	
WORK TELEPHONE NUMBER (206) 685-1686	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:

NEXT YEAR'S PROGRAM PEAB ADMINISTRATOR	
NAME Michelle Bagshaw, Assistant Director of Professional Degree Programs	
PREFERRED MAILING ADDRESS 4101 15 th Ave NE, Seattle, WA 98105	
E-MAIL ADDRESS mbagshaw@u.washington.edu	
WORK TELEPHONE NUMBER (206) 616-1561	HOME TELEPHONE NUMBER ()

NEXT YEAR'S FISCAL AGENT	
NAME	
PREFERRED MAILING ADDRESS	
E-MAIL ADDRESS carriel@u.washington.edu	
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: Michelle Bagshaw
(Dean or director of college/university program)

Date: July 30, 2006

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

COLLEGE/UNIVERSITY <i>UW</i> (e.g., WSU)	ESA PEAB <i>SOC WK</i> (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	402.79
Basic Grants received 2005-06 fiscal year		4650
Other revenue (if applicable)		

Add carryover and grants received

TOTAL REVENUE

(a) 5052.79

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 413

Number of members serving during the fiscal year _____

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

1219.05

Refreshments (if applicable)

37.69

Operating Expenses (postage, printing, etc.)

48.10

Other (provide details on separate sheet of paper)

TOTAL EXPENDITURES FOR MEETINGS

(b) 1304.84

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) 3747.95

- **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.