



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 27 2006

July 27, 2006
 Professional Education

INSTITUTION Washington State University	ROLE <input checked="" type="checkbox"/> Counselor <input type="checkbox"/> Psych <input type="checkbox"/> Soc Worker	PREPARED BY Tina Anctil, Ph.D.	DATE 7/20/06	TELEPHONE NUMBER 509-335-2925	E-MAIL tinanctil@wsu.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>a. Membership/Attendance: " While your membership is not in compliance at this time because you don't have an administrator representative appointed by WASA, you are making a good effort to obtain one , and to be sure that counselor members you need to replace are appointed by WSCA... .in general your attendance was quite good."</p> <p>b. "great collaboration between the PEAB and the program is exemplified in your school counselor summit. A huge endeavor, it has been very successful for two years in bringing school counselors, PEAB members, and program faculty together to delve into school counselor issues with the help of a national "expert" facilitator."</p>	<p>a. Membership is now in full compliance with appointments completed by the appropriate associations. See membership section of this report.</p> <p>b. Follow-up for the 2005 Summit was completed this year. Plans for a 2007 Summit are underway.</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 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>Standard: Note: there is nothing significant to report in this section. Section: Response:</p> <p>Standard: NA Section: Response:</p> <p>Standard: NA Section:</p>	

	<p>Response:</p> <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): Standards were reviewed this year in conjunction with the new ESA benchmarks procedures.	
6. Indicate the number of persons enrolled in the program 9/1/04 – 8/31/05	Pullman: 10 Tri-Cities: 10	
7. Indicate the number of persons completing program 9/1/04 – 8/31/05	Pullman: 5 Tri-Cities: 7	
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)	ESA PEAB				ADDITIONAL MEETING DATES
				<input checked="" type="checkbox"/> Counselor <input type="checkbox"/> Psych <input type="checkbox"/> Soc Worker				
				REQUIRED MEETING DATES				
Date 10/3	Date 12/5	Date 2/27	Date 5/1					
Tina Anctil	V	PEAB administrator	n/a	X	X	X	X	
Pam Bacon	V	teacher	WEA	X		X		
Stephanie Bauman	V	counselor educator	n/a	X	X	X	X	
Staci Bickelhaupt	N	certification officer/WSU	n/a		X	X		
Traci Byrne	V	school counselor	WSCA		X	X	X	
Tim Church	N	counselor educator	n/a	X	X	X	X	
Barb Debban	V	school counselor	WSCA		X	X	X	
Phyllis Erdman	N	counselor educator/department chair	n/a	X		X		
Sharon Fontana	V	school counselor	WSCA	X				
Susan Horstman	V	school counselor	WSCA			X	X	
Jana Hubbs	V	Director of Special Education	WASA		X	X	X	
Craig Nelson	V	Principal	ASWP			X	X	
Michelle Whitney	V	school counselor & vice principal	WSCA & ASWP	X	X	X	X	
Mike Trevisan	N	counselor educator	n/a	X	X	X	X	
Helen Berry	N	program coordinator/WSU	n/a	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: Phyllis Erdman Chair

Date: 7-21-06

(Title)

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

COLLEGE/UNIVERSITY	ESA PEAB
(e.g., WSU)	(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.

COLLEGE/UNIVERSITY PROGRAM PEAB ADMINISTRATOR	
NAME Tina Anctil, Ph.D.	
PREFERRED MAILING ADDRESS PO Box 642136 Pullman, WA 99164-2136	
E-MAIL ADDRESS tmanctil@wsu.edu	
WORK TELEPHONE NUMBER (509) 335-2925	HOME TELEPHONE NUMBER (509) 432-4131

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

FISCAL AGENT	
NAME Linda Tompkins	
PREFERRED MAILING ADDRESS Educational Leadership & Counseling Psychology Washington State University PO Box 642136 Pullman, WA 99164-2136	
E-MAIL ADDRESS tompkinl@wsu.edu	
WORK TELEPHONE NUMBER (509) 335-7572	HOME TELEPHONE NUMBER (509) 335-7572

If next year's PEAB administrator 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 ()

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: Phyllis Edman Date: 7-21-06

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	1206.43
Basic Grants received 2005-06 fiscal year		
Other revenue (if applicable)		

Add carryover and grants received

TOTAL REVENUE

(a) 1206.43

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 15

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

172.66

Refreshments (if applicable)

53.76

Operating Expenses (postage, printing, etc.)

Other (provide details on separate sheet of paper)

TOTAL EXPENDITURES FOR MEETINGS

(b) 229.42

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) 977.01

- **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.