



Supervisor
Office Of K-16 Initiatives & Access Programs
Collegiate Development Programs Unit
Education Building Addition, Room 1071
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December 2006

TO: Collegiate Science and Technology Entry Program (CSTEP) Project Directors

FROM: James Donsbach

SUBJECT: 2006-2007 Mid-Year Assessment

The Collegiate Science and Technology Entry Program 2006-2007 Mid-Year Assessment Report and accompanying instructions are enclosed.

Please note that Table 1: Enrolled Participant Roster requests that you report only the last four digits of each student's social security number.

Please provide us with an original and two copies of the completed form by January 31, 2007.

NYS Education Department
Collegiate Development Programs Unit
Collegiate Science & Technology Entry Program (CSTEP)
89 Washington Avenue, Room 1071 EBA
Albany, N.Y. 12234

Enclosure

THE STATE EDUCATION DEPARTMENT
Collegiate Development Programs Unit
89 Washington Avenue, Room 1071 EBA
Albany, New York 12234
(518) 474-5313

**COLLEGIATE SCIENCE & TECHNOLOGY ENTRY PROGRAM (CSTEP)
2006-2007 Mid-Year Assessment**

Mid-Year Assessment

The mid-year assessment covers the period from July 1, 2006 through December 31, 2006. The purpose of the Mid-Year Assessment Report is to provide summary information regarding participants, activities, program content and outcomes for the summer and first semester of the program.

Mid-Year Assessment Due Date: **January 31, 2007**

Number of Copies: Two copies

**Send the report to: NYS Education Department
Collegiate Development Programs Unit
89 Washington Avenue, Room 1071 EBA
Albany, N.Y. 12234**

Mid-Year Assessment:

Cover/Signature Page

- Table 1: Enrolled Participant Roster
- Table 2: Distribution of Students Served
- Table 3: Summary of Priorities
- Table 4: Summary of Activities

INSTRUCTIONS

General

Projects must complete all tables listed under Mid-Year Assessment. Complete information in all requested categories must be provided. If you have any questions regarding information to be provided, contact your program officer for clarification prior to the due date. The telephone number is (518) 474-5313.

Each copy of the Mid-Year Assessment should be stapled or secured by a binder clip and sequenced in order. Include your institution's name in the upper right corner of each page of the report and all attachments.

An original and two copies of the mid-year assessment are required. These reports must be postmarked by **January 31, 2007**.

Computer Generated Reports

You may submit your own computer-generated report. However, all information requested in each table must be provided in the exact format shown in this report. Table 1: Participant Roster also must be double-spaced.

Signature Page

Complete all information requested. Place the last two digits of your project number on the signature page in the spaces provided. (Refer to the 2006-2007 award notification letter for your assigned project number.)

The original signature of the project director must be provided on one copy of the Mid-Year Assessment. Mark the original clearly.

The person responsible for answering questions should be generally the person who prepared the report.

Table 1: Participant Roster

List each participant alphabetically. Number, sequentially, each student who participated in the program. Provide all requested information for each participant. Roster must be double spaced.

Table 2: Distribution of Students Served

Provide data for all participants by ethnicity and class level. The student numbers reported for each ethnic category must be unduplicated. The total of rows and the total of columns each must add up to the total number of participants reported on Table 1: Participant Roster. Please report unduplicated head counts only. A student must be counted only once, regardless of the number of terms in which they participate.

Table 3: Summary of Priorities

Table 3 lists the priorities outlined in the 2006-2010 request for proposals. For each of the priorities identified in your institution's proposal, describe the activities and services that have been implemented, and indicate the results to date, of the activities and services that were addressed in the institution's RFP.

Table 4: Summary of Activities

This table is formatted based on Attachment IV from the 2006-2010 request for proposals (RFP). It is designed to capture the activities described by your institution.

Describe each activity conducted by the program during the report period. Provide the following information for each activity:

- Type of activity
- Activity description
- Number of participants
- Dates
- Number of offerings
- Total contact hours

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Collegiate Development Programs Unit
Albany, New York 12234
(518) 474-5313

**COLLEGIATE SCIENCE & TECHNOLOGY ENTRY
PROGRAM (CSTEP)
Mid-Year Assessment July 1-December 31, 2006**

Name of Institution: _____

Mailing Address of CSTEP Program: _____

Project# 0516-07-00 _ _

Name of Project Director: _____

Title: _____

Telephone Number: _____ Fax Number _____
(Include Area Code) (Include Area Code)

E-Mail Address _____

PLEASE RETURN ORIGINAL AND TWO COPIES TO:

**New York State Education Department
Collegiate Development Programs Unit
Collegiate Science and Technology Entry Program
89 Washington Avenue, Room 1071 EBA
Albany, NY 12234**

Signature:

Project
Director _____

DUE January 31, 2007

**TABLE 1
ENROLLED PARTICIPANT ROSTER**

(For the period: July 1, 2006 to December 31, 2007)

MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.

	NAME (LAST, FIRST)	SOCIAL SECURITY NUMBER (Last 4 digits only)	CLASS LEVEL BEGINNING OF 2006-2007	Term(s) of Participation	
				Summer	Fall
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

TABLE 2: DISTRIBUTION OF STUDENTS
(Unduplicated Headcount Only - July 1, 2006-December 31, 2006)

Sex	Ethnic Category	CLASS LEVEL					Totals
		First Year	Sophomore	Junior	Senior	Graduate	
M A L E S	African American						
	Hispanic/Latino						
	Native American Indian/Alaskan Native						
	White, non-Hispanic						
	Asian/Pacific Islander						
	Other						
	Subtotal (Males)						
F E M A L E S	African American						
	Hispanic/Latino						
	Native American Indian/Alaskan Native						
	White, non-Hispanic						
	Asian/Pacific Islander						
	Other						
	Subtotal (Females)						
TOTALS	(Sum of Males and Females)						

TABLE 3: SUMMARY OF PRIORITIES

(For the period July 1, 2006 – December 31, 2006)

Priority	Not Applicable (√)	Describe the Activities/Services to address the priority	Results
1. Services which increase recruitment, retention, and placement of eligible students in severe shortage areas (nursing, other allied health fields, engineering, math/science teacher education, etc.)			
2. Services designed to increase and retain African-American and Hispanic/Latino males and Native American or Alaskan Native students in CSTEP-targeted fields and the licensed professions.			
3. Pre-freshman/transfer summer program(s) providing a continuum of services and activities aimed at improving the skills and performance of students in college-level courses leading to CSTEP-targeted professions.			
4. Formal collaborations with other two-/four-year institutions, graduate or professional schools, and/or with the Science and Technology Entry Program.			

TABLE 4: SUMMARY OF ACTIVITIES

(For the period July 1, 2006 – December 31, 2006)

Type of Activity	Activity Description	Number of Participants	Dates	Number of Offerings	Total Contact Hours
1. Instructional support in “gateway” courses (i.e., small group tutorials or supplemental courses in biology, chemistry, physics, calculus or pre-professional prerequisite courses) (Required)					
2. Development of financial/graduate school research/internship database for students.					
3. Collaboration with internal partners i.e., faculty, department chairs or deans (Required)					
4. Student professional development: career fairs/workshops; poster presentations; publication in professional/research journals; participation in student conferences (Required)					

Type of Activity	Activity Description	Number of Participants	Dates	Number of Offerings	Total Contact Hours
5. Academic Advisement (Required)					
6. Evaluation Plan (Required)					
7. Test taking, time management, and study skills.					
8. Collaboration with external partners.					
9. Program Advisory group					
10. Staff professional development: participation in conferences designed to enhance program administration or the delivery of more effective program services.					
11. Supervised CSTEP career oriented internships and research opportunities (Required)					
12. Other – Please specify:					