

NSF Award #: \_\_\_\_\_

**Basic Information—Required**

This section provides basic information about your center/project ATE grant. **Please verify or correct the provided information and complete where needed.**

Numerical values must be entered as integers (e.g., "3420", "6" or "0").

Do not use: decimal points, commas or percent signs in numerical values (e.g., "3,000", "6.00", "\$320" or "95%").

**Basic Information about Your Center/Project**

1.

a. **Funded Institution:**

\_\_\_\_\_

b. **Institution Category: *Place an X next to Only One.***

4 year college/university

2 year college

Association/Society

Secondary School

Other

c. **Funding Category: *Place an X next to Only One.***

Project

Center

d. **Begin date of current NSF-ATE funding:**    \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

e. **End date of current NSF-ATE funding:**    \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

f. **Current award amount:**                                \$ \_\_\_\_\_

**g. Project Director / Principal Investigator**

Title: *Place an X next to Only One.*

Dr.  Mr.  Mrs.  Ms.

Contact Information: *Please complete.*

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

**h. Project Co-Director /Co-Principal Investigator-Optional**

Title: *Place an X next to Only One.*

Dr.  Mr.  Mrs.  Ms.

Contact Information: *Please complete.*

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

**i. Technology Field: Place an X next to Only One.**

- A. Agriculture
- B. Aquaculture
- C. Biotechnology
- D. Chemical Technology
- E. Distance Learning
- F. Electronics, Instrumentation, Laser and Fiber Optics
- G. Engineering Technology(general)
- H. Environmental Technology
- I. Geographic Information Systems
- J. Graphics and Multimedia Technology
- K. Information Technology, Telecommunications
- L. Mathematics
- M. Manufacturing and Industrial Technology
- N. Machine Tool Technology, Metrology
- O. Marine Technology
- P. General, Multidisciplinary or Interdisciplinary
- Q. Other
- R. Physics
- S. Semiconductor Manufacturing
- T. Transportation

NSF Award #: \_\_\_\_\_

### PI Overview—Required

This section should indicate the Principal Investigator's (PI's) view of the Center/Project and reflect information provided in the other sections of this survey. *Unless indicated otherwise, please fill out every question and items in these questions. Thank you!*

Numerical values must be entered as integers (e.g., "3420", "6" or "0").

Do not use: decimal points, commas or percent signs in numerical values (e.g., "3,000", "6.00", "\$320" or "95%").

#### The Principal Investigator's Overview of the Center/Project

##### 1. Time and Status

I. Where is the project/center in its life cycle? *Place an X next to Only One.*

1-3 years

> 3 years

Other. Please describe \_\_\_\_\_

II. Is this the last year of the project's/center's work? *Place an X next to Only One.*

Yes

No

Other. Please describe \_\_\_\_\_

**III. Please rate the current status of your center/project as compared to its status last year at this time for each of the following factors. For each item a-i, place an X under Only One of the 6 rating options (e.g., Stable).**

Factor	Not Applicable	Substantial Decline(>20%)	Some Decline(5-20%)	Stable	Some Increase(5-20%)	Substantial Increase(>20%)
a. Number of collaborations (relationships with institutions or groups that provide money and/or other support)	___	___	___	___	___	___
b. Financial support from other organizations	___	___	___	___	___	___
c. Use of center/project-developed products	___	___	___	___	___	___
d. Participation in project/center activities by other institutions and organizations	___	___	___	___	___	___
e. Students enrolled	___	___	___	___	___	___
f. Students graduating or completing the program	___	___	___	___	___	___
g. Students placed in related technical jobs, whether they completed program or not	___	___	___	___	___	___
h. Number of professional development opportunities (e.g., conferences, workshops, inservice, on-line courses)	___	___	___	___	___	___
i. Number of participants in professional development opportunities	___	___	___	___	___	___

**2. If you conducted a workforce needs assessment in the last 12 months, please CHECK ALL METHODS that you used. If you place an X next to Not Applicable, please go to 3. Otherwise, place an X next to all that apply.**

- \_\_\_ This question is Not Applicable
- \_\_\_ Survey
- \_\_\_ Review of existing reports or other literature
- \_\_\_ Interviews
- \_\_\_ Focus groups
- \_\_\_ Other. Please describe \_\_\_\_\_

**3. Center/Project Evaluation**

**a. If you have an evaluator, is/are the evaluator(s) (choose one). Place an X next to Only One.**

- This question is Not Applicable
- External (hired specifically to evaluate this grant)
- Internal (is a member of center/project staff)
- Both (you have both types of evaluators)

**b. How useful is your project's/center's evaluation to your project? (choose one). Place an X next to Only One.**

- This question is Not Applicable
- Not useful
- Minimally useful
- Some use
- Useful
- Essential to the project/center

**4. If you collaborate with other ATE projects/centers, please CHECK ALL THAT APPLY (If you place an X next to Not Applicable, please go to 5. Otherwise, place an X next to all that apply).**

We collaborate for:

- This question is Not Applicable
- Materials development
- Professional development (e.g., workshops)
- Best practices development
- Sharing of project/center products
- Sharing of best practices
- Other. Please describe \_\_\_\_\_

**5. Product dissemination: Indicate what method(s) your center/project uses to disseminate your center/project's products regionally or nationally by CHECKING ALL THAT APPLY (If you place an X next to Not Applicable, please go to 6. Otherwise, place an X next to all that apply).**

- This question is Not Applicable
- In-house publication and distribution
- Commercial publication
- Presentations at regional/national conferences or meetings
- Website
- Other (please describe) \_\_\_\_\_

**6. I. Please CHECK ALL STEPS THAT APPLY for how you recruit and/or retain for the ATE-grant funded program (If you place an X next to Not Applicable, please go to 6II. Otherwise, place an X next to all that apply).**

- This question is Not Applicable
- Written materials (e.g., brochures, newsletters)
- Web sites about the program
- Presentations by invited speakers
- College fairs at secondary schools or other locations
- Campus visit programs
- Summer or academic workshops for students (e.g., SMET or technician-skill development, career awareness)
- Summer or academic year workshops for teachers
- Work-related experiences for students (e.g., day on the job, visit to business, internship)
- Targeted workshops
- Financial aid (e.g., scholarships, work study)
- Tutoring
- Articulation agreements
- Counseling
- Other. Please describe \_\_\_\_\_

**II. Please CHECK ALL STEPS THAT APPLY for how you recruit and/or retain underrepresented groups (e.g., minorities, women, people with disabilities) for the ATE-grant funded program (If you place an X next to Not Applicable, please go to 7. Otherwise, place an X next to all that apply).**

- This question is Not Applicable
- Written materials (e.g., brochures, newsletters)
- Web sites about the program
- Presentations by invited speakers
- College fairs at secondary schools or other locations
- Campus visit programs
- Summer or academic workshops for students (e.g., SMET or technician-skill development, career awareness)
- Summer or academic year workshops for teachers
- Work-related experiences for students (e.g., day on the job, visit to business, internship)
- Targeted workshops
- Financial aid (e.g., scholarships, work study)
- Tutoring
- Articulation agreements
- Counseling
- Other. Please describe \_\_\_\_\_

7. If applicable, please describe your placement strategies employed for the ATE-grant funded program. *Optional question.*

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8. Please CHECK THE TOP TWO (IF APPLICABLE) regarding what you believe are the most important ways in which classrooms and other educational experiences for students have changed as a result of your center's/project's work (*If you place an X next to Not Applicable, please go to 9. Otherwise, place an X next to the top two that apply*).

- This question is Not Applicable
- Increased use of work-based skills in curricula
- Increased interest in learning by students
- More relevant and up-to-date materials available
- Movement away from traditional lecture delivery of lessons
- Other. Please describe \_\_\_\_\_

9. For any significant unintended outcomes (positive and/or negative) of your center/project work, please CHECK ALL THAT APPLY (*If you place an X next to Not Applicable, please go to 10. Otherwise, place an X next to all that apply*).

- This question is Not Applicable
- Partnerships, networks, collaborations increased beyond those planned
- Applications to or work for other disciplines occurred
- Additional funding received
- Loss of staff to business opportunities
- Communication or work-related difficulties with collaborating partners
- Other(s). Please describe \_\_\_\_\_

10. Please provide up to three barriers or challenges to success that occurred in your center/project. *Optional question.*

a. Barrier #1:

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b. Barrier #2:

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c. Barrier #3:

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11. **Advisory Committees**

a. **If you have advisory committee(s) to serve the project's/center's needs, CHECK ALL THAT APPLY for committee type (If you place an X next to Not Applicable, please go to 12. Otherwise, place an X next to all that apply).**

- This question is Not Applicable
- Local institution or other locally based group
- Regional or national (e.g., National Visiting Committee)
- Other. Please describe \_\_\_\_\_

b. **If applicable, please describe the activities of your advisory committee(s). *Optional question.***

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12. Describe your plans for sustainability, if any, of your project/center. *Optional question.*

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13. Please describe any other important features of your center/project that are not captured in the survey. *Optional question.*

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14. What is your view of the effectiveness and value of the ATE program? *Optional question.*

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Questions 15 a-d are Optional

15. a. What features of the survey (e.g., web interface) did you find most helpful?

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b. What features of the survey should be changed?

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c. How much time, including data collection and on-line time, did it take you to complete the survey this year?

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d. Additional comments regarding the survey itself.

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16. Please provide the names, addresses, email addresses, and telephone numbers for up to 3 business and industry employer(s) most involved with your project/center and/or those hiring the most persons from your programs. These employers may be contacted for a study of ATE program completers that the evaluation project will conduct in 2002-2003. *Optional question.*

**a. Business/industry employer #1**

Name: \_\_\_\_\_  
Business/Industry Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**b. Business/industry employer #2**

Name: \_\_\_\_\_  
Business/Industry Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**c. Business/industry employer #3**

Name: \_\_\_\_\_  
Business/Industry Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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**Monitoring—Required**

Confidentiality of responses to this section will be provided to the extent allowed by law. *Unless indicated otherwise, please fill out every question and items in these questions. Thank you!*

Numerical values must be entered as integers (e.g., "3420", "6" or "0").

Do not use: decimal points, commas or percent signs in numerical values (e.g., "3,000", "6.00", "\$320" or "95%").

**NSF Monitoring of Centers and Projects**

1. **Indicate the frequency of the following monitoring actions between your center/project and your NSF program officer during the past 12 months. For each item a-f, place an X under Only One of the 4 Frequency options.**

Monitoring Action	Frequency (Number of Times)			
	0	1	2 – 4	>4
a. Site visits	—	—	—	—
b. Telephone calls	—	—	—	—
c. Email contacts	—	—	—	—
d. Visits to NSF	—	—	—	—
e. Principal Investigator meetings	—	—	—	—
f. Reading and reaction to reports submitted by your center/project	—	—	—	—

2. **To what extent do you agree with the following statements? For each item a-d, place an X under Only One of the 4 Agreement options.**

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
a. NSF has been responsive in meeting my center's/project's identified needs (e.g., through telephone calls, emails).	—	—	—	—
b. NSF site visits and/or evaluative actions have helped to improve the quality of my center/project.	—	—	—	—
c. NSF facilitates collaboration between my center/project and other ATE projects or centers.	—	—	—	—
d. NSF has an accurate understanding of my center/project.	—	—	—	—

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### Collaboration—Optional

Complete this section if your center/project has relationships with institutions or groups, including your center/project institutions (i.e., institutions that are the primary participants in the work of the center/project and the primary recipients of center/project funds), that provide money and/or other support.

*Place an X next to*

This Section **DOES NOT APPLY**

**if the above paragraph does not apply to your project/center. GO TO THE NEXT SECTION OF THE SURVEY (p. 18).**

*Place an X next to*

This Section **DOES APPLY**

**if the above paragraph does describe your project/center. PROCEED WITH THE COLLABORATION SECTION.**

*Unless indicated otherwise, please fill out every question and items in these questions. Thank you!*

All questions refer to the past 12 months.

Numerical values must be entered as integers (e.g., "3420", "6" or "0").

Do not use: decimal points, commas or percent signs in numerical values (e.g., "3,000", "6.00", "\$320" or "95%").

#### **Collaboration with Other Institutions Or Groups**

1. Non-NSF funding and in-kind support.

**I. Please CHECK FOR ALL APPLICABLE INSTITUTIONS in b-f, if you received MONETARY SUPPORT in the last 12 months (including project cost sharing). (If you place an X next to Not Applicable, please go to II. Otherwise, place an X next to all that apply).**

a. This question is Not Applicable

b. Center/Project institutions

(The institutions that are the primary participants in the work of the center/project and the primary recipients of center/project funds)

c. Business and industry

d. Public agencies (local, state, federal)

e. Educational institutions

f. Other organizations

**II. Please CHECK FOR ALL APPLICABLE INSTITUTIONS in b-f, if you received IN-KIND support in the last 12 months. (If you place an X next to Not Applicable, please go to III. Otherwise, place an X next to all that apply).**

- a. This question is Not Applicable
- b. Center/Project institutions  
(The institutions that are the primary participants in the work of the center/project and the primary recipients of center/project funds)
- c. Business and industry
- d. Public agencies (local, state, federal)
- e. Educational institutions
- f. Other organizations

**III. (Total for the last 12 months), please provide the approximate amount of total monetary and in-kind support that your center/project has received in the past 12 months from all the non-NSF sources you identified. Estimate dollar amounts to the nearest \$1,000. Please enter only numbers (no "\$", commas, or periods). If the information is Unavailable enter "U".**

	Dollars
a. Total for last 12 months of monetary support	_____
b. Total for last 12 months of in-kind support	_____

**2. With how many institutions EXTERNAL to your project/center has your center/project established collaborative arrangements that involve support (contributions of time, faculty sharing, equipment, etc.) and approximately how many persons from these institutions collaborate? Please specify for each type of institution listed below. For collaborators that offer their time, include only those that have spent a minimum of two days per year working with your center/project.**

**\* If the information is Unavailable enter "U"**

Types of collaborating institutions	# of Institutions	# of Persons
a. <b>Business and industry</b>	_____	_____
b. <b>Public agencies (local, state, federal)</b>	_____	_____
c. <b>Educational institutions</b>	_____	_____
d. <b>Other organizations</b>	_____	_____

3. For each of the institution types 1-4, please check **ALL THE COLLABORATION PURPOSES THAT APPLY** for your center's/project's collaborative arrangements with these institutions. *If you place an X next to Not Applicable, proceed to the next Institution Type. Otherwise, place an X next to all purposes that apply.*

**I. Institution Type 1: Business and Industry**

- This question is Not Applicable
- General center or project support (e.g., advice, contributed or shared equipment/technology, contributed time and effort)
- Materials development (e.g., development or implementation of standards/guidelines, determining or confirming materials content, pilot testing of materials, field testing of materials)
- Program improvement (e.g., student recruitment program, student understanding of industry opportunities and requirements, college/school-based instruction matters, work-based instruction and experience matters, student entry to the workforce)
- Professional development (e.g., faculty/staff knowledge of industry needs, opportunities, and requirements; faculty/staff knowledge and skill in discipline; business/industry representatives' knowledge of educational options and opportunities)
- Other. Please describe \_\_\_\_\_

**II. Institution Type 2: Public Agencies (Local, State, Federal)**

- This question is Not Applicable
- General center or project support (e.g., advice, contributed or shared equipment/technology, contributed time and effort)
- Materials development (e.g., development or implementation of standards/guidelines, determining or confirming materials content, pilot testing of materials, field testing of materials)
- Program improvement (e.g., student recruitment program, student understanding of industry opportunities and requirements, college/school-based instruction matters, work-based instruction and experience matters, student entry to the workforce)
- Professional development (e.g., faculty/staff knowledge of industry needs, opportunities, and requirements; faculty/staff knowledge and skill in discipline; business/industry representatives' knowledge of educational options and opportunities)
- Other. Please describe \_\_\_\_\_

**III. Institution Type 3: Educational Institutions**

- This question is Not Applicable
- General center or project support (e.g., advice, contributed or shared equipment/technology, contributed time and effort)
- Materials development (e.g., development or implementation of standards/guidelines, determining or confirming materials content, pilot testing of materials, field testing of materials)
- Program improvement (e.g., student recruitment program, student understanding of industry opportunities and requirements, college/school-based instruction matters, work-based instruction and experience matters, student entry to the workforce)
- Professional development (e.g., faculty/staff knowledge of industry needs, opportunities, and requirements; faculty/staff knowledge and skill in discipline; business/industry representatives' knowledge of educational options and opportunities)
- Other. Please describe \_\_\_\_\_

**IV. Institution Type 4: Other Organizations**

- This question is Not Applicable
- General center or project support (e.g., advice, contributed or shared equipment/technology, contributed time and effort)
- Materials development (e.g., development or implementation of standards/guidelines, determining or confirming materials content, pilot testing of materials, field testing of materials)
- Program improvement (e.g., student recruitment program, student understanding of industry opportunities and requirements, college/school-based instruction matters, work-based instruction and experience matters, student entry to the workforce)
- Professional development (e.g., faculty/staff knowledge of industry needs, opportunities, and requirements; faculty/staff knowledge and skill in discipline; business/industry representatives' knowledge of educational options and opportunities)
- Other. Please describe \_\_\_\_\_

**4. Provide ratings of the quality/productivity of collaboration by each institution type. For each item a-d, place an X under Only One of the 5 Rating options.**

Institution Type	Rating				
	Not Applicable	Poor	Satisfactory	Good	Excellent
a. Business or Industry	___	___	___	___	___
b. Public Agencies (Local, State, and Federal)	___	___	___	___	___
c. Educational Institutions	___	___	___	___	___
d. Other Organizations	___	___	___	___	___

**5. Most effective collaborator**

**I. Which institution type has been the most effective external collaborator in helping your center/project reach its goals? Place an X next to Only One.**

- Business or Industry
- Public Agencies (Local, State, and Federal)
- Educational Institutions
- Other Organizations

**II. For the organization type described in 5I, briefly describe what you consider to be the two most important products and/or results of your collaboration with groups within that organization type. *Optional question.***

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**Materials Development—Optional**

Complete this section if the development of materials is a focus of your center/project.

*Place an X next to*

\_\_\_ This Section **DOES NOT APPLY**

**if the above paragraph does not apply to your project/center. GO TO THE NEXT SECTION OF THE SURVEY (p. 24).**

*Place an X next to*

\_\_\_ This Section **DOES APPLY**

**if the above paragraph does describe your project/center. PROCEED WITH THE MATERIALS DEVELOPMENT SECTION.**

*Unless indicated otherwise, please fill out every question and items in these questions. Thank you! If your center/project provides instruction to students as a part of a curricular program, you should also complete a Program Improvement section.*

"Materials" include one or more courses, modules, process models, and/or other instructional or assessment units. "Development" includes the preparation, adaptation for implementation and/or testing of materials. Numerical values must be entered as integers (e.g., "3420", "6" or "0"). Do not use: decimal points, commas or percent signs in numerical values (e.g., "3,000", "6.00", "\$320" or "95%").

**Materials Development: Courses, Modules and Other Types of Materials**

1. Please indicate the number of items developed or under development for each development type listed below. Materials development is often a mix of simple and substantial efforts. For example, making changes throughout a course or module would likely require substantial effort, while revision of a test would probably not require substantial effort for the center/project. List only substantial items.

\* If the information is Unavailable enter "U"

Materials Development	No. in draft stage	No. being field tested	No. completed	No. in use locally*	No. in use elsewhere**	No. published commercially
a. Course Development	_____	_____	_____	_____	_____	_____
b. Module Development (a component that can be used in more than one course)	_____	_____	_____	_____	_____	_____
c. Other. Please describe	_____	_____	_____	_____	_____	_____

Description for c:

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\* Materials in use locally means at institutions within your center/project.

\*\* Materials in use elsewhere means at institutions not a part of your center/project.

2. Please provide the following information for up to three (3) of your best materials that your center/project developed (or is developing). *You need to complete at least a-c.*

a. **Material #1: Type of Development.** *Place an X next to Only One.*

- Course Development
- Module Development
- Combination of above
- Other. Please describe: \_\_\_\_\_

b. **Material #1: Technology Field.** *Place an X next to Only One.*

- Agriculture
- Aquaculture
- Biotechnology
- Chemical Technology
- Distance Learning
- Electronics, Instrumentation, Laser and Fiber Optics
- Engineering Technology(general)
- Environmental Technology
- Geographic Information Systems
- Graphics and Multimedia Technology
- Information Technology, Telecommunications
- Mathematics
- Manufacturing and Industrial Technology
- Machine Tool Technology, Metrology
- Marine Technology
- General, Multidisciplinary or Interdisciplinary
- Other
- Physics
- Semiconductor Manufacturing
- Transportation

c. **Material #1: Grade Level(s).** *Place an X next to Only One.*

- Elementary/Middle
- Secondary
- College-first year
- College-second year
- College-upper level

**d. Material #2: Type of Development. Place an X next to Only One. Optional question.**

- Course Development
- Module Development
- Combination of above
- Other. Please describe: \_\_\_\_\_

**e. Material #2: Technology Field. Place an X next to Only One. Optional question if d not filled out.**

- Agriculture
- Aquaculture
- Biotechnology
- Chemical Technology
- Distance Learning
- Electronics, Instrumentation, Laser and Fiber Optics
- Engineering Technology(general)
- Environmental Technology
- Geographic Information Systems
- Graphics and Multimedia Technology
- Information Technology, Telecommunications
- Mathematics
- Manufacturing and Industrial Technology
- Machine Tool Technology, Metrology
- Marine Technology
- General, Multidisciplinary or Interdisciplinary
- Other
- Physics
- Semiconductor Manufacturing
- Transportation

**f. Material #2: Grade Level(s). Place an X next to Only One. Optional question if d not filled out.**

- Elementary/Middle
- Secondary
- College-first year
- College-second year
- College-upper level

**g. Material #3: Type of Development. Place an X next to Only One. Optional question.**

- Course Development
- Module Development
- Combination of above
- Other. Please describe: \_\_\_\_\_

**h. Material #3: Technology Field. Place an X next to Only One. Optional question if g not filled out.**

- Agriculture
- Aquaculture
- Biotechnology
- Chemical Technology
- Distance Learning
- Electronics, Instrumentation, Laser and Fiber Optics
- Engineering Technology(general)
- Environmental Technology
- Geographic Information Systems
- Graphics and Multimedia Technology
- Information Technology, Telecommunications
- Mathematics
- Manufacturing and Industrial Technology
- Machine Tool Technology, Metrology
- Marine Technology
- General, Multidisciplinary or Interdisciplinary
- Other
- Physics
- Semiconductor Manufacturing
- Transportation

**i. Material #3: Grade Level(s). Place an X next to Only One. Optional question if g not filled out.**

- Elementary/Middle
- Secondary
- College-first year
- College-second year
- College-upper level

3. Select one of materials from Question 2 above as developed by your center/project. For that item please briefly describe (*Optional question*):

a. The title of the chosen material

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b. What you consider to be the most compelling evidence for its quality.

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4. In the table below, identify the frequency of use for each practice that your center/project employs when developing curricular materials. *For each item a-h, place an X under Only One of the 5 Frequency options.*

Practices	Frequency of Use				
	Not applicable	Used each time	Used most times	Used less than half the time	Almost never used or never used
a. Obtain verification by industry regarding alignment of materials with workforce and skill needs	___	___	___	___	___
b. Use applicable student and industry-based standards or guidelines to guide materials development	___	___	___	___	___
c. Assess student success (knowledge and skills) in comparison with standards (e.g., business/industry, educational, nontechnical skill)	___	___	___	___	___
d. Assess student success (knowledge and skills) in comparison with other nonproject or nonparticipating students	___	___	___	___	___
e. Pilot test *(1) materials	___	___	___	___	___
f. Field-test *(2) materials internally (i.e., within the center/project)	___	___	___	___	___
g. Field-test *(2) materials externally (i.e., not center/project-based locations)	___	___	___	___	___
h. Assess improvement of student performance in the workforce	___	___	___	___	___

\* (1) Pilot testing refers to brief, preliminary testing of materials or portions of materials; usually done with a small number of sites and/or students.

\* (2) Field testing refers to testing of materials in settings where they will be used when finalized; usually large and more in-depth than pilot testing.

5. Please indicate the types of materials development in which your project engages. *Place an X next to Only One.*

Materials development for program improvement (e.g., developed materials used in modifying or developing courses in an ATE-funded program)

Materials development for dissemination (e.g., commercial)

Both

Other. Please describe \_\_\_\_\_

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### Professional Development

Complete this section if your center/project provides instruction and/or support to teaching faculty and staff, so that they update their knowledge and skills in order to effectively teach new or improved curricula.

*Place an X next to*

This Section **DOES NOT APPLY**

**if the above paragraph does not apply to your project/center. GO TO THE NEXT SECTION OF THE SURVEY (p. 28).**

*Place an X next to*

This Section **DOES APPLY**

**if the above paragraph does describe your project/center. PROCEED WITH THE PROFESSIONAL DEVELOPMENT SECTION.**

*Unless indicated otherwise, please fill out every question and items in these questions. Thank you!* Numerical values must be entered as integers (e.g., "3420", "6" or "0").

Do not use: decimal points, commas or percent signs in numerical values (e.g., "3,000", "6.00", "\$320" or "95%").

#### Professional Development: Instruction and/or Support to Teaching Faculty and Staff

1. Please provide the number of opportunities provided for each option for a-f (e.g., 3 conferences) and then provide the total number of participants across all opportunities for the past 12 months.

**\* If the information is Unavailable enter "U"**

**\* If the information is Not Applicable enter "N"**

Professional Development Opportunities	No. of Opportunities	Total No. of Participants
a. Conference (multiple track-participants choose from a selection of workshops or presentations to attend)	_____	_____
b. Short-term workshop (single track- 1 to 3 day directed learning experience)	_____	_____
c. Inservice course or seminar (longer than a 3-day directed learning experience)	_____	_____
d. Internship, leave of absence to work with industry, or work exchange program	_____	_____
e. On-line courses	_____	_____
f. Other (please describe)	_____	_____
Description for f: _____		

2. Approximately what number of participants from the following institutions was engaged in professional development with your center/project in the last 12 months?

**\* If the information is Unavailable enter "U"**

**\* If the information is Not Applicable enter "N"**

Institution Type	Number of Participants
a. Secondary schools	_____
b. 2-year colleges	_____
c. 4-year colleges/universities	_____
d. Other (please describe)	_____

Description for d: \_\_\_\_\_

3. Overall, to what extent are your professional development opportunities operating at full capacity (100 percent of available seats occupied in these opportunities)? *Place an X next to Only One.*

- 0-25% of full capacity
- 26-50% of full capacity
- 51-75% of full capacity
- 76-100% of full capacity

4. Follow up

I. If you formally follow up on participants in your professional development activities, please **CHECK ALL FOLLOW-UP METHODS THAT APPLY.** *If you place an X next to Not Applicable, please go to II. Otherwise, place an X next to all that apply.*

- This question is Not Applicable
- Personal (e.g., voice or in person) contacts to all participants
- Survey
- Newsletter
- Letter or email
- Other. Please describe \_\_\_\_\_

II. For items a-f and each of the 4 column headings (e.g., indicated satisfaction with the activity), please provide the percent of participants in the past 12 months who have taken the following actions as a result of participating in each type of professional development activity.

**\* If the information is Unavailable enter "U"**

**\* If the information is Not Applicable enter "N"**

	Indicated satisfaction with the activity	Indicated intention to use the technology, materials, and/or major ideas presented	Tried out the technology, materials and/or major ideas at least once in the classroom	Fully incorporated the technology, materials, and/or major ideas into their course or program
Professional Development Opportunities				
a. Conference	_____	_____	_____	_____
b. Short term workshop	_____	_____	_____	_____
c. Inservice course or seminar	_____	_____	_____	_____
d. Internship, leave of absence to work with industry, or work exchange program	_____	_____	_____	_____
e. On-line courses	_____	_____	_____	_____
f. Other. Please describe	_____	_____	_____	_____
Description for f: _____				

5. **Support**

I. **Does your center/project require participants to obtain administrative, monetary, or other support for implementation as a condition of acceptance to your professional development program?**

**Require Support: Place an X next to Only One.**

- \_\_\_ yes
- \_\_\_ no

II. **PLEASE CHECK ALL THAT APPLY for types of implementation support that your center/project typically provides to participants as part of your professional development program. If you place an X next to Not Applicable, please go to 6. Otherwise, place an X next to all that apply.**

- \_\_\_ This question is Not Applicable
- \_\_\_ money
- \_\_\_ equipment
- \_\_\_ materials
- \_\_\_ technical assistance
- \_\_\_ follow-up activities (e.g., stipends, web site)
- \_\_\_ email
- \_\_\_ newsletter
- \_\_\_ Other. Please describe \_\_\_\_\_

6. Please comment on your program's effectiveness regarding professional development activities. That is, briefly describe what faculty can do now as a result of participation in professional development activities that they could not do before. If possible, please provide an example. *Optional question.*

\* If the information is Unavailable enter "U"

\* If the information is Not Applicable enter "N"

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NSF Award #: \_\_\_\_\_

### **Program Improvement: Secondary School Level—Optional**

Complete this section, if your center/project provides an instructional program to students (e.g. degree, certification or other collection of courses) at the Secondary School Level and ATE grant monies have been used to improve that instructional program.

*Place an X next to*

This Section **DOES NOT APPLY**

**if the above paragraph does not apply to your project/center. GO TO THE NEXT SECTION OF THE SURVEY (p. 32).**

*Place an X next to*

This Section **DOES APPLY**

**if the above paragraph does describe your project/center. PROCEED WITH THE PROGRAM IMPROVEMENT-SECONDARY SECTION.**

***Unless indicated otherwise, please fill out every question and items in these questions. Thank you! If you have modified or developed an individual course or courses in this program as part of this ATE grant, you should also complete the Materials Development section.***

"Program", as used here, refers to multiple, related courses and/or field experiences for students at the designated education level. These instructional experiences lead to a defined outcome such as a degree, certification, or occupational completion point.

"Module", as used here, refers to a component that can be used in one or more courses.

"Course", as used here, refers to an educational unit (usually at the secondary, college or university level) consisting of a series of instruction periods (e.g., lectures, recitations, and laboratory sessions) dealing with a particular subject.

Numerical values must be entered as integers (e.g., "3420", "6" or "0").

Do not use: decimal points, commas or percent signs in numerical values (e.g., "3,000", "6.00", "\$320" or "95%").

**Program Improvement and Student Characteristics: Secondary School Level**

1. **This question addresses the size and scope of your educational program(s) funded by the ATE grant for this level. For items a-d, please fill in the Total Number.**

- |  | <b>Total Number</b> |
|--|---------------------|
| a. State the total number of ATE-grant funded programs developed/offered.  | _____               |
| b. State the total number of secondary schools where the ATE-grant funded programs are offered.  | _____               |
| c. State the total number of courses offered across all ATE-grant funded programs  | _____               |
| d. State (estimate) the total number of students (head count) who are enrolled in one of your ATE-grant funded programs (i.e., who have taken at least one course in one of your ATE-grant funded programs during the past 12 months). | _____               |

2. **In completing the remainder of this section, please refer to one specific ATE-grant funded program as offered at one location and that best represents your center/project.**

a. **Program name: Choose one specific ATE-grant funded program to consider when answering the remaining questions in this section.**

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b. **School name: Choose one location to consider when answering the remaining questions in this section.**

---

3. **Indicate the extent to which the courses in your specified ATE-grant funded program meet the following conditions. For each item a-b, place an X under Only One of the 5 column options (e.g., None).**

Condition	None	Some	Most	All	Don't Know
a. Course credits can be transferred to higher degree level institutions (e.g., courses can be taken for dual credit for secondary and community college.)	___	___	___	___	___
b. Certification can be obtained by students in these courses (e.g., business/industry based certification)	___	___	___	___	___

4. **How many persons instruct courses in your specified ATE-grant funded program?**

\_\_\_\_\_

5. For courses in the single ATE-grant funded program and location you specified in Question 2, estimate the Total Number of Courses and then by Course Status (New(1), Changed(2) or Unchanged(3)).

\* If the information is Unavailable enter "U"

\* If the information is Not Applicable enter "N"

<b>I. Total No. of Courses in the Specified Program</b>	<b>Total Number</b>
	_____

<b>II.</b>	
<b>Course Status</b>	<b>Number of Courses</b>
a. <b>New Courses(1)</b>	_____
b. <b>Changed Courses(2)</b>	_____
c. <b>Unchanged Courses(3)</b>	_____

Note: The number of New, Changed, and Unchanged should add up to the number you entered for Total No. of Courses in the Specified Program.

\* (1) New Courses means courses added as part of this grant.

\* (2) Changed Courses means pre-existing courses that were substantially changed through this grant's efforts.

\* (3) Unchanged Courses means pre-existing courses, used in the specified program, that were not changed through this grant's efforts.

6. For courses in the single ATE-grant funded program and location you specified in Question 2, estimate the number of your students in each of the following categories. Use the past academic year plus summer (12 months) as the basis for answering.

\* If the information is Unavailable enter "U"

\* If the information is Not Applicable enter "N"

<b>Student Characteristics</b>	<b>Number of Students</b>
a. <b>Number of students who applied to your specified program</b>	_____
b. <b>Number of students enrolled in your specified program</b>	_____
c. <b>Number of students who completed the specified program</b>	_____
d. <b>Number of students who left the specified program without completing it</b>	_____

Of those students who completed the specified program

e. <b>Number who go into employment as a technician</b>	_____
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f. <b>Number who continue science, mathematics, engineering, or technology-related higher education</b>	_____
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7. For courses in the single ATE-grant funded program and location you specified in Question 2, please provide your best estimate of gender, ethnicity, race, and disability information from application and enrollment information for the past academic year plus summer (12 months).

**\* If the information is Unavailable enter "U"**

**\* If the information is Not Applicable enter "N"**

**a. Gender**

Student Category	Applicants (%)	Enrollment (%)
<b>% Female</b>	_____	_____
<b>% Male</b>	_____	_____

**b. Ethnicity/Race**

**(These will not necessarily sum to 100%.)**

Student Category	Applicants (%)	Enrollment (%)
<b>% Hispanic or Latino</b>	_____	_____
<b>% American Indian or Alaska Native</b>	_____	_____
<b>% Asian</b>	_____	_____
<b>% Black or African American</b>	_____	_____
<b>% Native Hawaiian or Other Pacific Islander</b>	_____	_____
<b>% Multiracial</b>	_____	_____
<b>% White Non Hispanic/Latino</b>	_____	_____

**c. Percent of students who requested accommodation due to a disability recognized under the Americans with Disabilities Act.**

	Applicants (%)	Enrollment (%)
<b>Students requesting ADA accommodation</b>	_____	_____

NSF Award #: \_\_\_\_\_

**Program Improvement: Associate Degree Level (2-year college programs)—Optional**

Complete this section if your center/project provides an instructional program to students (e.g. degree, certification or other collection of courses) at the Associate Degree Level (2-year college programs) and ATE grant monies have been used to improve that instructional program.

*Place an X next to*

This Section **DOES NOT APPLY**

**if the above paragraph does not apply to your project/center. GO TO THE NEXT SECTION OF THE SURVEY (p. 38).**

*Place an X next to*

This Section **DOES APPLY**

**if the above paragraph does describe your project/center. PROCEED WITH THE PROGRAM IMPROVEMENT-ASSOCIATE SECTION.**

***Unless indicated otherwise, please fill out every question and items in these questions. Thank you! If you have modified or developed an individual course or courses in this program as part of this ATE grant, you should also complete the Materials Development section.***

"Program", as used here, refers to multiple, related courses and/or field experiences for students at the designated education level. These instructional experiences lead to a defined outcome such as a degree, certification, or occupational completion point.

"Module", as used here, refers to a component that can be used in one or more courses.

"Course", as used here, refers to an educational unit (usually at the secondary, college or university level) consisting of a series of instruction periods (e.g., lectures, recitations, and laboratory sessions) dealing with a particular subject.

Numerical values must be entered as integers (e.g., "3420", "6" or "0").

Do not use: decimal points, commas or percent signs in numerical values (e.g., "3,000", "6.00", "\$320" or "95%").

**Program Improvement and Student Characteristics: Associate Degree Level (2-year college programs)**

1. **This question addresses the size and scope of your ATE educational program(s) funded by the ATE grant for this level. For items a-d, please fill in the Total Number.**

- |  | <b>Total Number</b> |
|--|---------------------|
| a. State the total number of ATE-grant funded programs developed/offered.  | _____               |
| b. State the total number of 2-year institutions/campuses where the ATE-grant funded programs are offered.   | _____               |
| c. State the total number of courses offered across all ATE-grant funded programs.   | _____               |
| d. State (estimate) the total number of students (head count) who are enrolled in one of your ATE-grant funded programs (i.e., who have taken at least one course in one of your ATE-grant funded programs during the past 12 months). | _____               |

2. **In completing the remainder of this section, please refer to one specific ATE-grant funded program as offered at one location and that best represents your center/project.**

a. **Program name: Choose one specific ATE-grant funded program to consider when answering the remaining questions in this section.**

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b. **Institution name: Choose one institution to consider when answering the remaining questions in this section.**

---

3. **Indicate the extent to which the courses in your specified ATE-grant funded program meet the following conditions. For each item a-c, place an X under Only One of the 5 column options (e.g., None).**

Condition	None	Some	Most	All	Don't Know
a. Course credits from secondary technical programs articulate into this program.	—	—	—	—	—
b. Course credits can be transferred to other similar institutions.	—	—	—	—	—
c. Course credits can be transferred to higher degree level institutions.	—	—	—	—	—

4. Which of the following options does your specified ATE-grant funded program offer (CHECK ALL THAT APPLY)? *If you place an X next to Not Applicable, please go to 5. Otherwise place an X next to all that apply.*

- This question is Not Applicable
- Multiple courses without a degree or certificate
- College certificates
- Associate degrees
- Preparation for industry-based certification

5. How many persons instruct courses in your specified ATE-grant funded program?

\_\_\_\_\_

6. Of those persons who instruct courses in your specified ATE-grant funded program, how many also currently work in business or industry?

\_\_\_\_\_

7. For courses in the single ATE-grant funded program and location you specified in Question 2, estimate the Total Number of Courses and then by Course Status (New(1), Changed(2) or Unchanged(3)).

\* If the information is Unavailable enter "U"

\* If the information is Not Applicable enter "N"

	<b>Total Number</b>
I. Total No. of Courses in the Specified Program	_____
II.	
<b>Course Status</b>	<b>Number of Courses</b>
a. New Courses(1)	_____
b. Changed Courses(2)	_____
c. Unchanged Courses(3)	_____

**Note: The number of New, Changed, and Unchanged should add up to the number you entered for Total No. of Courses in the Specified Program.**

\* (1) New Courses means courses added as part of this grant.

\* (2) Changed Courses means pre-existing courses that were substantially changed through this grant's efforts.

\* (3) Unchanged Courses means pre-existing courses, used in the specified program, that were not changed through this grant's efforts.

8. For courses in the single ATE-grant funded program and location you specified in Question 2, estimate the number of your students in each of the following categories. Use the past academic year plus summer (12 months) as the basis for answering.

**\* If the information is Unavailable enter "U"**

**\* If the information is Not Applicable enter "N"**

Student Characteristics	Number of Students
a. Number of student who applied to your specified program	_____
b. Number of students enrolled in your specified program	_____
c. Number of students who completed the specified program	_____
d. Number of students who left the specified program without completing it	_____
e. Number of students who were already employed as technicians in specified program-related fields upon entry into the specified program	_____

**Of those students who completed the specified program**

f. Number who go into or continue employment as a technician	_____
g. Number who continue science, mathematics, engineering, or technology-related higher education	_____

**Of those students who left the specified program without completing it**

h. Number who go into or continue employment as a technician	_____
i. Number who continue science, mathematics, engineering, technology-related higher education	_____

9. For courses in the single ATE-grant funded program and location you specified in Question 2, estimate the percent of your students in each of the following categories. Use the past academic year plus summer (12 months) as the basis for answering.

**\* If the information is Unavailable enter "U"**

**\* If the information is Not Applicable enter "N"**

Student Characteristics	Percent of Students (%)
a. Students who were required to take remedial math and science courses before entering your specified program	_____
b. Students who meet basic science, mathematics, engineering, and technology workforce entry requirements for technician jobs related to your specified program at the time of entry into your specified program	_____
c. If your specified program offers a college certificate, what percent of the students in the specified program's courses seek this certificate?	_____
d. If your specified program offers a degree, what percent of the students in the specified program's courses seek the degree?	_____

10. For courses in the single ATE-grant funded program and location you specified in Question 2, please provide your best estimate of gender, ethnicity, race, and disability information from application and enrollment information for your ATE grant-based academic specified program for the past academic year plus summer (12 months).

**\* If the information is Unavailable enter "U"**

**\* If the information is Not Applicable enter "N"**

**a. Gender**

Student Category	Applicants (%)	Enrollment (%)
% Female	_____	_____
% Male	_____	_____

**b. Ethnicity/Race**

**(These will not necessarily sum to 100%.)**

Student Category	Applicants (%)	Enrollment (%)
% Hispanic or Latino	_____	_____
% American Indian or Alaska Native	_____	_____
% Asian	_____	_____
% Black or African American	_____	_____
% Native Hawaiian or Other Pacific Islander	_____	_____
% Multiracial	_____	_____
% White Non Hispanic/Latino	_____	_____

**c. Percent of students who requested accommodation due to a disability recognized under the Americans with Disabilities Act.**

	<b>Applicants (%)</b>	<b>Enrollment (%)</b>
<b>Student requesting ADA accommodation</b>	_____	_____

NSF Award #: \_\_\_\_\_

**Program Improvement: Baccalaureate Level (4-year college/university programs)—Optional**

Complete this section if your center/project provides an instructional program to students (e.g. degree, certification or other collection of courses) at the Baccalaureate Level (4-year college/university programs) and ATE grant monies have been used to improve that instructional program.

*Place an X next to*

This Section **DOES NOT APPLY**

**if the above paragraph does not apply to your project/center. YOU HAVE NOW COMPLETED THE SURVEY. PLEASE GO TO THE FILLING OUT INSTRUCTIONS FOR INFORMATION ON WHERE TO SEND IT.**

*Place an X next to*

This Section **DOES APPLY**

**if the above paragraph does describe your project/center. PROCEED WITH THE PROGRAM IMPROVEMENT-BACCALAUREATE SECTION.**

*Unless indicated otherwise, please fill out every question and items in these questions. Thank you! If you have modified or developed an individual course or courses in this program as part of this ATE grant, you should also complete the Materials Development section.*

"Program", as used here, refers to multiple, related courses and/or field experiences for students at the designated education level. These instructional experiences lead to a defined outcome such as a degree, certification, or occupational completion point.

"Module", as used here, refers to a component that can be used in one or more courses.

"Course", as used here, refers to an educational unit (usually at the secondary, college or university level) consisting of a series of instruction periods (e.g., lectures, recitations, and laboratory sessions) dealing with a particular subject.

Numerical values must be entered as integers (e.g., "3420", "6" or "0").

Do not use: decimal points, commas or percent signs in numerical values (e.g., "3,000", "6.00", "\$320" or "95%").

**Program Improvement and Student Characteristics: Baccalaureate Level (4-year college/university programs)**

1. **This question addresses the size and scope of your educational program(s) funded by the ATE grant for this level. For items a-d, please fill in the Total Number.**

- |  | <b>Total Number</b> |
|--|---------------------|
| a. State the total number of ATE-grant funded programs developed/offered.  | _____               |
| b. State the total number of 4-year institutions/campuses where the ATE-grant funded programs are offered.   | _____               |
| c. State the total number of courses offered across all ATE-grant funded programs.   | _____               |
| d. State (estimate) the total number of students (head count) who are enrolled in one of your ATE-grant funded programs (i.e., who have taken at least one course in one of your ATE-grant funded programs during the past 12 months). | _____               |

2. **In completing the remainder of this section, please refer to one specific ATE-grant funded program as offered at one location and that best represents your center/project.**

a. **Program name: Choose one specific ATE-grant funded program to consider when answering the remaining questions in this section.**

b. **Institution name: Choose one location to consider when answering the remaining questions in this section.**

3. **Indicate the extent to which the courses in your specified ATE-grant funded program meet the following conditions. For each item a-f, place an X under Only One of the 5 column options (e.g., None).**

Condition	None	Some	Most	All	Don't Know
a. Course credits from secondary technical programs articulate into this program.	—	—	—	—	—
b. Course credits from associate degree technical programs articulate into this program.	—	—	—	—	—
c. Course credits can be transferred to other similar institutions.	—	—	—	—	—
d. Course credits can be transferred to higher degree level institutions.	—	—	—	—	—
e. Preparation for industry-based certification	—	—	—	—	—
f. Provides a baccalaureate degree in a technician-based program	—	—	—	—	—

4. For courses in the single ATE-grant funded program and location you specified in Question 2, estimate the Total Number of Courses and then by Course Status (New(1), Changed(2) or Unchanged(3)).

\* If the information is Unavailable enter "U"

\* If the information is Not Applicable enter "N"

	<b>Total Number</b>
I. Total No. of Courses in the Specified Program	_____
II.	
<b>Course Status</b>	<b>Number of Courses</b>
a. New Courses(1)	_____
b. Changed Courses(2)	_____
c. Unchanged Courses(3)	_____

**Note: The number of New, Changed, and Unchanged should add up to the number you entered for Total No. of Courses in the Specified Program.**

\* (1) New Courses means courses added as part of this grant.

\* (2) Changed Courses means pre-existing courses that were substantially changed through this grant's efforts.

\* (3) Unchanged Courses means pre-existing courses, used in the specified program, that were not changed through this grant's efforts.

5. For courses in the single ATE-grant funded program and location you specified in Question 2, estimate the number of your students in each of the following categories. (Use the past academic year plus summer (12 months) as the basis for answering.)

\* If the information is Unavailable enter "U"

\* If the information is Not Applicable enter "N"

<b>Student Characteristics</b>	<b>Number of Students</b>
a. Number of student who applied to your specified program	_____
b. Number of students enrolled in your specified program	_____
c. Number of students who completed the specified program	_____
d. Number of students who left the specified program without completing it	_____
e. Number of students who were already employed as technicians in specified program-related fields upon entry into the specified program	_____

**Of those students who completed the specified program**

- f. Number who go into or continue employment as a technician \_\_\_\_\_
- g. Number who continue science, mathematics, engineering, technology-related higher education \_\_\_\_\_

**Of those students who left the specified program without completing it**

- h. Number who go into or continue employment as a technician \_\_\_\_\_
- i. Number who continue science, mathematics, engineering, or technology-related higher education \_\_\_\_\_

6. For courses in the single ATE-grant funded program and location you specified in Question 2, estimate the percent of your students in each of the following categories. Use the past academic year plus summer (12 months) as the basis for answering.

- \* If the information is Unavailable enter "U"
- \* If the information is Not Applicable enter "N"

Student Characteristics	Percent of Students
a. Students who were required to take remedial science and math courses before entering your specified program	_____
b. Students who meet basic science, mathematics, engineering, and technology workforce entry requirements for technician jobs related to your specified program at the time of entry into your specified program	_____
c. If your specified program offers a certificate, what percent of the students in the specified program's courses seek this certificate?	_____
d. If your specified program offers a degree, what percent of the students in the specified program's courses seek the degree?	_____

7. For courses in the single ATE-grant funded program and location you specified in Question 2, please provide your best estimate of gender, ethnicity, race, and disability information from application and enrollment information for the past academic year plus summer (12 months).

**\* If the information is Unavailable enter "U"**

**\* If the information is Not Applicable enter "N"**

**a. Gender**

Student Category	Applicants (%)	Enrollment (%)
% Female	_____	_____
% Male	_____	_____

**b. Ethnicity/Race**

**(These will not necessarily sum to 100%.)**

Student Category	Applicants (%)	Enrollment (%)
% Hispanic or Latino	_____	_____
% American Indian or Alaska Native	_____	_____
% Asian	_____	_____
% Black or African American	_____	_____
% Native Hawaiian or Other Pacific Islander	_____	_____
% Multiracial	_____	_____
% White Non Hispanic/Latino	_____	_____

**c. Percent of students who requested accommodation due to a disability recognized under the Americans with Disabilities Act.**

	Applicants (%)	Enrollment (%)
Student requesting ADA accommodation	_____	_____