LOUISIANA DEPARTMENT OF EDUCATION

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2020-2021 Performance Profile Data Collection Process



Performance Profile Overview

Teacher Preparation Quality Rating System

In June 2017, BESE approved policies that established a Teacher Preparation Quality Rating System, as required by federal regulations. The quality rating system, which will phase in over five years, is designed to:

- · Provide preparation providers with meaningful information for improvement
- Identify programs of excellence and programs in need of improvement, thus informing enrollment and hiring decisions, as well as interventions
- Reward programs for meeting Louisiana's educator workforce needs





Teacher Preparation Quality Rating System Overview

Preparation Program Experience

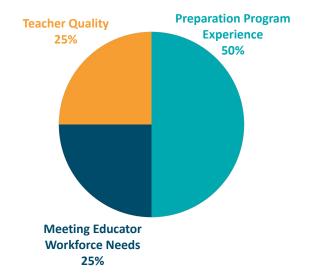
Provides *specific, actionable feedback* to teacher preparation providers regarding the quality of candidate selection, coursework, coaching of candidates, and continuous improvement efforts

Meeting Educator Workforce Needs

Rewards teacher preparation programs for placing residents in **high-need schools**² and producing program completers in **high-need certification areas** (special education and middle/secondary mathematics and science)

Teacher Quality

Measures teachers' effects on student growth in their first year of employment



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²Includes schools with high percentages of economically disadvantaged, minority students, geographically remote from teacher preparation programs or Comprehensive Intervention Required schools

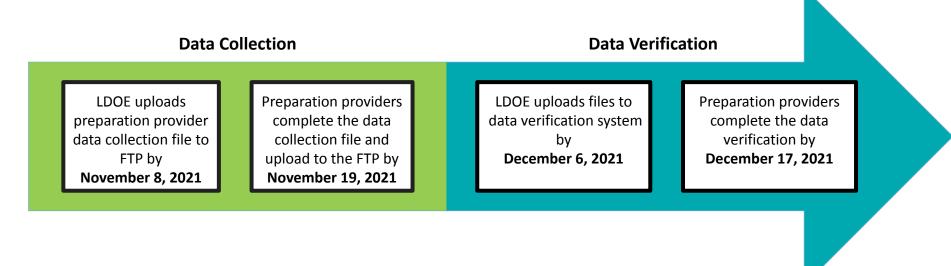
Performance Profile Data Collection Process



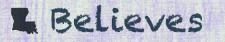
Performance Profile Data Collection Timelines

Timeline	Window Dates
ETS Title II Reporting	9/7/2021 - 11/5/2021
 Excel file submission using sFTP Collection of add-on completers and residency information and post-baccalaureate program type for 2020-2021 program completers Collection of <u>consent forms</u> using sFTP 	11/8/2021 - 11/19/2021 (2 week window)
 LDOE Performance Profile Data Verification Window Opportunity for providers to verify data that will be used in calculations Correct any records that have missing/incorrect data or issues with SSN LDOE Performance Profile Website Profile Data Collection Window Opportunity for providers to submit updates to their About page 	12/6/2021 - 12/17/2021 (2 week window)

Data Collection Overview



It is important that providers meet the **November 19th** deadline to ensure the data can be uploaded in time for the data verification window.



Completer Data Overview

The Department has populated the Completer Data sheet with program candidates listed in Title II as of 11/5/2021.

- Update: Confirm 2020-2021 program completers listed in Title II by examining the "Student Category" column. If any updates are needed, select or remove the drop down text "Completed".
- Complete all required fields (as indicated in the second row on the Completer Data tab) for 2020-2021 program completers. Greyed out cells are locked for editing.
- Candidates that are not 2020-2021 program completers do not need to have information entered.

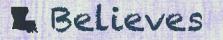
Required	Required	Required	Required	Required	Required	Required	Required	Required	Required	Required	Required	Required for Post-Bacc Only	y Required	Required		Required	Automatic	Automatic
Pre-filled	Pre-filled	Pre-filled	Pre-filled	Pre-filled	Pre-filled	Pre-filled	Text Entry	Pre-filled	Pre-filled	Drop-down List	Pre-filled	Drop-down List	Drop-down List	Drop-down List		Drop-down List	Automatic	Automatic
Grad Yea	Provider Name 🚽	Last Nam 🔻	Last Name 👻	Last Name *	First Nam *	Middle Initia	SSN 👻	Gende 🚽	Race/Ethnicity	✓ Student Category	Pathway Type	Post-Baccalaureate Route Type	Residency Year 👻	Residency LEA Name 1	-	Residency School Site Name 1	LEA Code	Site Code 🖕
2020	Delombre Universit	LAST 1			FIRST 1		000000001	F	White		Post-Baccalaureate	and the last of th					#N/A	#N/A
2020	Delombre Universit	LAST 2			FIRST 2		000000002	M	Black or African-America	n	Post-Baccalaureate						#N/A	#N/A
2020	Delombre Universit	LAST 3			FIRST 3		000000003	F	White	Completed	Post-Baccalaureate	Certification-Only	Academic Year 2019-202	Allen_Parish		Elizabeth High School	002	002001
2020	Delombre Universit	LAST 4			FIRST 4		000000004	F	White		Post-Baccalaureate						#N/A	#N/A
2020	Delombre Universit	LAST 5			FIRST 5		000000005	F	White	Completed	Post-Baccalaureate	Certification-Only	Academic Year 2019-202	Allen_Parish		Elizabeth High School	002	002001
2020	Delombre Universit	LAST 6			FIRST 6		000000006	M	White		Post-Baccalaureate						#N/A	#N/A
2020	Delombre Universit	LAST 7			FIRST 7		000000007	F	White	Completed	Post-Baccalaureate	Certification-Only	Academic Year 2019-202	Allen_Parish		Kinder High School	002	002004
2020	Delombre Universit	LAST 8			FIRST 8		000000008	F	Black or African-America	n Completed	Post-Baccalaureate	Certification-Only	Academic Year 2019-202	Allen_Parish		Kinder Elementary School	002	002003
2020	Delombre Universit	LAST 9			FIRST 9		000000009	F	Black or African-America	n	Post-Baccalaureate						#N/A	#N/A
2000	Delember Heimeric	LACT 10			FIDET 10		000000010	-	Diaste as African American	10.00 M	I for all a second streams	NI/A (I I and a second second					401/0	

Completer Data Overview

Completer Data Element Guidance:

Column	Guidance
Column H - SSN	All program completers must have a SSN listed
Column K - Student Category	Confirm 2020-2021 program completers have the drop down text "Completed"
Column M - Post-Baccalaureate Route Type	Indicate the route type using the drop down for Post-Baccalaureate completers only
Column N - Residency Year	The academic year of the completer's residency
Column O - Residency LEA Name 1	The LEA where the residency occured*
Column P - Residency School Site Name 1	The school site where the residency occured*

*BESE approved innovative models may list more than one LEA and school site for the completer's residency.



Completer Data Overview

LEA and Site Names:

- Charter schools have been sorted into the nearest traditional school system (LEA) for ease of use when identifying residency sites.
- The LEA and Site Name tab has been added to help in determining the correct naming for a residency site.

LEA and S	ite Names		
institutio		ublic_Institution	2017 through 2019-2020 academic years. Non-public and out of state residency sites should be listed as email erich.schultz@la.gov.
LEA Cot	LEA_Name	📲 Site Co 🔻	Site Name
001	Acadia_Parish	001700	Acadia Parish Central Office
001	Acadia_Parish	001036	AMIKids Acadiana
001	Acadia_Parish	001001	Armstrong Middle School
001	Acadia_Parish	001002	Branch Elementary School
001	Acadia_Parish	001003	Central Rayne Kindergarten School
001	Acadia_Parish	001004	Church Point Elementary School
001	Acadia_Parish	001030	Church Point Head Start Center
001	Acadia_Parish	001005	Church Point High School
001	Acadia Darich	001006	Church Boint Middle School



Add-On Certification Overview

If a preparation provider has add-on certification completers in high-need certification areas who completed at least 80 percent of their add-on coursework within their institution, then they may be entered in the add-on certification data (blue) tab.

• All required columns must be entered (as indicated in the second row of the Add-On Certification Data tab).

Required	Required	Required	Required	Required	Required	Required	Required	Required	Required	Required	Required	Optional	Optional	Optional	
Pre-filled	Pre-filled	Text Entry	Text Entry	Text Entry	Text Entry	y Text Entry	Text Entry	Drop- down List	Drop-down List	Pre-filled	Drop-down List	Drop-down List	Drop-down List	Text Entry	
Grad Year 🔻	Provider Name	Last Nam 👻	Last Name 🔻	Last Name 🔻	First Name	Middle Initia	SSN 💌	Gende 🔻	Race	▼ Student Catego ▼	Certification Area Name 1	Certification Area Name 2	Certification Area Name 3	Notes	¥
2020	Delombre University	LAST 1			FIRST 1		000000001	F	White	Add-On	GRADES 4-8 (MATHEMATICS)				
2020	Delombre University	LAST 2			FIRST 2		000000002	М	Black or African-American	Add-On	GRADES 4-8 (MATHEMATICS)				
2020	Delombre University	LAST 3			FIRST 3		00000003	F	White	Add-On	GRADES 4-8 (MATHEMATICS)				
2020	Delombre University	LAST 4			FIRST 4		000000004	F	White	Add-On	SCIENCE: BIO.				
2020	Delombre University									Add-On					
2020	Delombre University									Add-On					
2020	Delombre University									Add-On					
2020	Delombre University									Add-On					
2020	Delombre University									Add-On					
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2020	Delombre University									Add-On					
020	Delombre University									Add-On					



Add-On Certification Overview

Criteria for entering Add-On Certification Completers:

- Must have completed 80% of their coursework at your institution
- Only need to enter add-on certification completers for high-need certification areas

MATHEMATICS	SE: VISUALLY IMPAIRED (K-12)
GRADES 4-8 (MATHEMATICS)	SCIENCE: BIO.
MILD/MODERATE: ELEMENTARY 1-5	SCIENCE: CHEM
MILD/MODERATE: MIDDLE GRADES 4-8	SCIENCE: EARTH SCIENCE
MILD/MODERATE: SECONDARY 6-12	SCIENCE: ENVIRONMENTAL SCIENCE
SE: EARLY INTERVENTIONIST B-5	SCIENCE: GEN. SCIENCE
SE: HEARING IMPAIRED (K-12)	SCIENCE: PHYSICS
SE: SIGNIFICANT DISABILITIES	GRADES 4-8 (SCIENCE)



Submitting Completed File

Once you have completed your file, please add the word "Final" to the end of the file name and upload to the FTP.

• Example: 2020-2021 Performance Profile Data Collection - Delombre University - Final

Please note that the file name must differ from other files already on the FTP for it to upload properly.



Helpful Tips

- Download the data collection file to your computer before editing.
 - Do not open on the FTP and try to make edits to the file. Save to the computer first, and then make edits.

Use the "LEA and Site Names" tab to help find the correct naming of a residency site.

• For ease of use in identifying residency sites, charter schools have been sorted into the nearest traditional school system (LEA).

Ensure the completed file name differs from the file name on the FTP when submitting.

• Uploading a file with the same file name on the FTP will not process.

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Consent Forms for Value-Added Data Release

Consent Form Guidance for Value-Added Data Release:

- The consent form can be found linked <u>here</u>
- The following fields must be completed
 - Name of Provider
 - Signature
 - Printed Name
 - Date

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- Witness Signature
- Consent forms should be submitted as one PDF and uploaded to the FTP
 - PDF Naming Scheme:

2020-2021 Consent Forms - TPP Name

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TEACHER PREPARATION PROGRAM COMPLETER DISCLOSURE FORM

I hereby give permission to the Louisiana Department of Education to release my State teacher evaluation data to an authorized representative of my teacher preparation program at NAME OF PROVIDER __________ and to an authorized representative of the Louisiana Board of Regents (BOR) for the purpose of program evaluation, program improvement, accountability, teacher support, and research.

If required to be submitted and if already submitted to the institution that delivers my teacher preparation program, I hereby give permission to an authorized representative of my teacher preparation program at NAME OF PROVIDER _______ to release my ACT or SAT score and date exam taken, my high school GPA, my GPA at program admission and GPA at program completion, my Teach GRAMT recipient status, my TOPS status, and the observation scores used to make certification recommendations to an authorized representative at the Louisiana Department of Education, program improvement, accountability, teacher support, and research necessary to be conducted to achieve these purposes.

I understand that my participation in the aforementioned is voluntary. I understand that I will not be penalized in any way for refusing to participate.

The State teacher evaluation data will be provided by the Louisiana Department of Education during the time period 1 am enrolled in my preparation program as a teacher candidate (if applicable) and for the first three years of teaching after I have completed my teacher preparation program.

I understand that the authorized representatives will ensure that my data and any of the contributing data are confidential and will not be released or shown to any person except authorized employees of my teacher preparation program, the Louisana Department of Education and the BOR, except as otherwise required by law. I understand that the aforementioned authorized representatives will keep all personally identifiable data confidential and store it in ascoure manner that limits access to authorized personmell. It is my understanding that if my data are to be used for purposes other than program evaluation, program improvement, accountability, teacher support, and research, the institution, program revolution, program Department of Education or BOR will need to request that 1 sign a separate consent form.

I agree that i will not sue, or otherwise make any kind of claim whatsoever against, the Louisiana Bopartment of Education, the Louisiana Bopard of Elementary and Secondary Education, and any of their directors, officers, employees, agents, and representatives for any costs, expenses, damages, injury or loss, including reasonable attorney's fees, to which they or any of them may be subject as a result, directly or indirectly, of any disclosure or redisclosure of any of my information, including but not limited to personally identifiable State teacher evaluation information provided by the Louisiana Department of Education to the aforementioned authorized representative.

Signature	Date
Printed Name	Teaching Certificate Number
Witness	Witness

Resources



Resources

Resources

- LDOE FTP Server: <u>https://sftp.doe.louisiana.gov/Thinclient/Login.aspx</u>
- <u>Consent Form for Value-Added Data Release</u>
- High-Needs Schools for Quality Rating System

Contact Information for Support

• Please email Erich Schultz (<u>erich.schultz@la.gov</u>) or Lydia Hill (<u>lydia.hill@la.gov</u>) for questions or support.

