

Please note: This document has not been reviewed or approved by NYSED.

NYSED Residency Supplement Track Application Worksheet Instructions

IMPORTANT: DOWNLOAD this APPLICATION WORKSHEET and open in Excel for all the features, links, and formatting to work successfully.

Please Note: All directions and screenshots are based on a downloaded Excel document.

This form can be used to draft:

- A request for the addition of a residency track to a registered teacher preparation program that offers the option of either a residency or non-residency clinical placement.
- Changes to a currently registered program that offers only residency placements.

This form addresses:

- Program Title - include if proposing to change an existing registered program into a self-standing residency program that will only offer candidates the option of completing a residency clinical placement.

SUNY SCHOOLS ONLY: SEE NOTES BELOW FOR ADDITIONAL CHANGES

- Cumulative change from SED's last approval of the registered program of one-third or more of the minimum credits required for the award (e.g. 40 credits for bachelor's degree programs)
- Changing the focus or design of a program- the entire program is shifting or re-registering as a residency. Not seeking an alternate track or title.
- Adding or eliminating one or more options, tracks, or certificate titles.

IMPORTANT NOTES:

- Various fields have been pre-populated with choices in dropdown menus (all shaded light yellow). If you would prefer to enter your own information and not use the dropdown choices, you can delete the contents of the cell. **Should you want to enter your own text, you will need to delete the contents of the cell.** You will receive a warning (because it cannot be undone). You must select "yes" to delete.

The screenshot shows a portion of the Excel application worksheet. A dialog box with the Microsoft Excel logo is centered over the form. The dialog box title is "Delete drop down list?" and the text inside reads: "You are about to delete the drop down list and enter your own text. If this is correct, select ok." There are two buttons at the bottom: "Yes" and "No". A red arrow points from the "Yes" button to a dropdown menu in the form. Another red arrow points from the "No" button to a text input field in the form. The form fields are labeled with red text: "LEGAL NAME", "PROGRAM TITLE", "Credits", "HEGIS", "List the Residency Certificates That May Be Added", "Enter text here instead of drop down options", "Telephone", and "Email Address".

- As fields in red are completed, the text will pre-populate other cells that require that information, appearing in green throughout the document.

This document is offered as guidance and has not been reviewed or approved by NYSED.

- To submit only black text, at the end of completing the draft, you can:
 - select all,
 - select text color, and select black.

General Information

Institution (Legal Name)	
LEGAL NAME	ENTER TEXT HERE
Identify the Program to Which a Residency Track May Be Added	
Program Title	
PROGRAM TITLE	
Credits	HEGIS Code
List the Residency Certificates That May Be Added	

Appendix D Objectives and IHE Clinical Coursework Alignment	
Institution of Higher Education	LEGAL NAME District Priorities, and C
Purpose of the Program	POPULATES HERE
The graduate residency program in PROGRAM TITLE at LEGAL NAME prepares students to teach in the specific certification area(s) being sought by the candidate. The program will utilize a residency model for students to prepare educators. Residents will work alongside highly qualified within the grade band(s) in which they are seeking certification.	
Program Objectives:	

- Cells that are shaded light yellow indicate drop down menus. Once you have completed the worksheet, should you wish to remove the shading, it is recommended to reset each of these individually instead of “select all”.

YELLOW SHADING/ FILL

Dropdown -once the cell is clicked on, you will see an arrow on the right side for options.

IMPORTANT: Start with the first yellow box.

General Information	
Institution (Legal Name)	Institution Code
LEGAL NAME	INSTITUTION CODE
Identify the Program to Which a Residency Track May Be Added	
Program Title	Degree/Award (See 3.50 for Reg. Degrees)
PROGRAM TITLE	
Credits	HEGIS Code
	PROGRAM CODE
List the Residency Certificates That May Be Added	
Lead Contact, First Name Last Name, Title	Telephone Email Address

When you click on a light yellow cell, an arrow will appear indicating the drop down menu.

General Information

Institution (Legal Name)	
LEGAL NAME	
Identify the Program to Which a Residency Track May Be Added	
Program Title	
PROGRAM TITLE	
Credits	HEGIS Code
List the Residency Certificates That May Be Added	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	

In this case, once the arrow is clicked, the number of credits will appear scrolling from 35 to 54, so select the number of credits for the program indicated above.

Individual cells can be deleted. [See above information](#) regarding overwriting cells and the warning that appears.

RED ITALICS	Enter information directly into the cell	This feature should NOT be deleted as it populates throughout the document. Deleting any formula from a cell with RED writing will disable the population of other cells throughout the document.
BLUE	Hyperlink to another worksheet OR website	Select to reference website or page
GREEN	Entries will populate based on data entered in (RED) earlier on form.	See above. This feature should NOT be deleted. Only delete if you wish to overwrite all cells related to this information as it will lose the formula and not populate with previous entries.

General Application Worksheet Directions (first tab)

Complete General Information

Legal Name (ENTER) Institution Code (ENTER)
 Program Title (ENTER) Degree/ Award Code (ENTER- **DROP DOWN** FOR REFERENCE)
 Credits (SELECT FROM **DROP DOWN**)
 HEGIS Code (SELECT FROM [IRP WEBSITE](#) AND ENTER) Program Code (ENTER)

Residency Certificates (SELECT ONE PER LINE FROM DROP DOWN LIST AND START IN THE TOP LEFT BOX)

<i>PROGRAM TITLE</i>			
Credits	HEGIS Code	Program Code NYSED PROGRAM CODES	
		<i>PROGRAM CODE</i>	
List the Residency Certificates That May Be Added			
Chemistry (grades 5-9)			
▼			
Agriculture (all grades)	Biology (grades 5-9)	Biology (grades 7-12)	Blind and Visually Impaired (all grades)
Business and Marketing (all grades)	Chemistry (grades 5-9)	Chemistry (grades 7-12)	Childhood Education (grades 1-6)
Dance (all grades)	Deaf and Hard of Hearing (all grades)	Early Childhood Education (birth-grade 2)	Earth Science (grades 5-9)
		Telephone	Email Address
		<i>PHONE</i>	<i>EMAIL ADDRESS</i>
		Select arrow for drop down list	

Lead Contact First and Last Name, Phone, Email Address (ENTER ALL)

Attestation and Assurances

Signature of Administrative/ Academic Officer/ Provost, Date,
 Print Name & Title, Phone Number

Requested Changes

- Check applicable change
- Select from **dropdown** either title change or no title change
- IF selecting a title change, please add new program title to text box

The Residency Program Collaborative Agreement

A **sample MOU (second tab)** is included as the second tab on the worksheet. The **SAMPLE MOU** is an example of an actual approved MOU from a specific program with identifying information removed, so may appear slightly different than the application.

Notes:

- Some details and formats were added to the application in order to allow for more information and easier completion.

- The information submitted on the application should reflect the specifics of the IHE and partners, with regards to goals, timing, course numbers, names, titles and descriptions, objectives, district priorities, as well as any agreements or contracts for Residents, School-Based Teacher Educators, or any other program consultants.

Department Expectations: MOU or similar agreement should contain the following details:

- **Instructional Experiences are connected to learning goal and district priorities**
- Use **Appendix A (third tab)**- Co-Sponsoring District Priorities/ Program Learning Goals & IHE Coursework to complete.
- Program Learning Goal/District Priority has **dropdown** options for example language in the first 4 boxes (shaded yellow- arrow on bottom right of cell once clicked on).
- Any additional items can be added in the empty white boxes below or you may delete the drop down menu to enter your own text [following the directions above](#).
- Coursework/ Experience should be entered to address each priority and should align with the priority in the box to the left.

Appendix A Co-Sponsoring District Priorities/ Program Learning Goals & IHE Coursework	
In addition to all clinical experience School Residency courses at <small>LEGAL NAME</small> the following chart depicts current co-sponsoring district priorities and the courses within the IHE program that supports the priority. Course syllabi include learning objectives and assignments to further support identified district priorities.	
Program Learning Goal/District Priority	Coursework/Experience
Engaging, Relevant, Innovative, Varied Methods	EDU010- Responsive Classrooms EDU020- Technology, Literacy, and Remote Teaching, EDU030- Childhood Methods
Prioritizing DEI Initiatives	EDU040- Emergent Language and Literacy, EDU050 Building Learning Communities

IHE and candidate’s gradual release (assumption) of responsibilities

- Use **Appendix B (fourth tab)** - Gradual Release and Observation Framework to align the timing of the weeks in each school year (1-40 for year 1; 41-80 for year 2 if applicable) and each semester to the assumption of responsibilities as the resident moves through the program
 - The week ranges have been populated as follows:
 - Weeks 1 - 40
to represent all weeks in the school year and provide flexibility to be tailored to the IHE course schedule
 - Determine the appropriate time frame for your program; 1 or 2 year, and then select the drop down that applies (Year 1: Semester 1, Year 1: Semester 2, etc) to the week range selected
 - Use the dropdown lists to add the responsibility to each time frame.

Use **Appendix B (fourth tab)** to define the Gradual Release and Observation Framework (cont)

Example:

Other Responsibilities Weeks		This may include substituting in the certification area, working with individual students or small groups for credit recovery, regents preparation, or remedial instruction.	
Begin	End		
20	40	Substituting in certificate area sought	
Weeks		Small group instruction (outside the primary classroom) in certificate area sought	
Additional or Alternate Placement(s) (IF APPLICABLE)		Describe how any additional certificate area(s) or, if applicable, from experience in various communities and development levels response , will be met.	
		Observe new developmental level	
Hours (min 250 per additional certificate)		Individual or small group instruction	
120		co-plan and co-teach 40% to 60% of instructional as well as non-instructional duties	
Enter other duties here			

- **Other Responsibilities** is optional and represents duties not typically captured in the clinical experience such as substituting, working with individual students, credit recovery, etc and can be added with the begin and end weeks established within the program
 - The first and last week must be selected from the drop down
 - Each responsibility can be added from the drop down or entered as text
- **Alternate Placement (IF APPLICABLE):** represents the area where you will explain how the program meets each full grade band requirement or additional certification requirement.
 - Enter the number of hours
 - Use the drop down for responsibilities, or enter in text
 - Select the percentage range for the amount of co-planning and co-teaching for the resident (see previous image)

School-Based Teacher Educator and University-Based Educator Teacher

Use **Appendix C (fifth tab)**: to outline the roles and responsibilities for both the School-Based Teacher Educator and University-Based Educator Teacher

- Compensation (if applicable) for the SBTE, will be negotiated by the participating district and union affiliate.
- Common language around Roles and Responsibilities appears in the drop down and additional items can be entered as text in the white boxes. [Drop down menu text can be deleted following the directions above.](#)

- Then use the check the the boxes, in the Appendix C con't: Planning and Instructional Assessment table, to confirm the ways the UBTE and SBTE will support the residents throughout the program.

Design and Implementation of Professional Learning with Clinical Supervision

Use **Appendix D (sixth tab)** - to evidence how IHE Clinical Coursework aligns with program objectives and district priorities.

- IHE Legal Name & Program title auto populate
- Select grade level from dropdown

Program Objectives

- List partnering districts and/or programs
 - Program certifications will pre-populate from previous entries
- Review statements 2 and 3, no entries needed
- Select from drop down and/or add text identifying the methods the residents will use to build knowledge and skills

Review **Scope of Program & UBTE statement**- no entries needed

District Priorities

- Identify topics with drop down and/or add text in boxes
- Select accreditation organization, either AAQEP or CAEP

IHE Courses Aligned to Resident's Experience

- Identify each Course Number and Title (Course Description will populate based on this information)
- Select the time frame represented in weeks on each side of the range using the separate drop downs and percentage range of instructional responsibilities on each side of the range (also using the separate drop down menus) that will be assumed by the resident
- IF APPLICABLE: Select the number of weeks the resident will be placed in the **ALTERNATE** classroom in either the first year or second year (5th box down under Course Description for either year)
- Use same directions to complete for YEAR 2, if applicable

General Application Worksheet (found on **the first tab** of the EXCEL sheet)

Directions Continued

The remainder of the General Application directions are listed below and do NOT include any additional Appendixes. Information and text will be original and directly recorded into the application boxes.

Additional Requirements for the Residency Program

- Multiple Certificates- Select Institution's Response by checking appropriate box
- Addressing student development levels - Pre-populated but can be overwritten by entering text in the cells
- Creating experiences in various situations- Institution's Response can be selected from drop down, text can be entered by selecting YES to the warning "Delete drop down" or both options can be used if you select drop down and also enter text in the white box.

Clinical Experiences

- Explain how the residency will help develop an understanding of the needs of students with disabilities
- Use the table to list the Course Number and Title, Instructor, Grade Level and Hours for each course according to the guidelines on the application (minimum of 1000 hours, with at least 250 hours for each additional certificate title within the 1000 hours or more total hours)
- Course Catalog and Syllabi
 - Attach course catalog descriptions for existing courses that are impacted by the change
 - Submit syllabi for each NEW course based on the criteria and requirements outlined

Side-by-Side Comparison Chart

- Use the table to detail the existing courses along side the residency track program courses that have been newly modified

University-Based Teacher Educators criteria

- Review for understanding
- Use text box to explain how the UBTE's are involved in program development
- Complete table with UBTE name and explanation on how they fill the requirements

Final Instructions from NYSED for submission (according to the attached NYSED PDF)

1. Submit as one PDF form attached to an email.
2. Send the email (with the attachment) to OCUEEdApps@nysed.gov

The subject line of the email should include the name of the institution, the degree award and the program title. For example:

Subject: ABC College, M.S. Adolescence Education Biology 7-12