

INSTITUTIONAL INFORMATION SUMMARY FORM
Continuing Educator Preparation Program Approval

I. INFORMATION ABOUT THE INSTITUTION

(Name of Institution)

(Address)

(Telephone)

(Name and Title of the Institution's Chief Executive Officer)

(Name and Title of the Highest Ranking Educator Preparation Program Official)

(Name and Title of the Person Designated Responsible for Recommending Graduates to the State Department of Education for Certification)

II. CURRENT APPROVAL STATUS

1. Date(s) of Most Recent CSDE On-Site Review _____

2. Current CSDE Approval Status (check one and indicate the length of the program approval status):

Full Program Approval

Length of Approved Period:

_____ to _____

Provisional/Initial Approval

Length of Approved Period:

_____ to _____

Probationary Approval

Length of Approved Period:

_____ to _____

III. CONFIRMED DATE(S) FOR ON-SITE REVIEW _____

IV. AUTHORIZED SIGNATURES

(Chief Executive Officer)

(Highest Ranking Preparation Program Official)