

**INSTITUTIONAL TITLE II REPORT
ACADEMIC YEAR: 2007-2008**

INSTITUTION NAME: Providence College
TITLE II COORDINATOR: Dr. Tom Flaherty
PHONE: (401) 865-2122
E-MAIL: *tflahert@providence.edu*
ADDRESS: River Avenue
 Providence, Rhode Island 02918

SECTION I PASS RATES

For each program at your institution, provide the following detailed program information and the institutional pass rate information supplied to you by Educational Testing Service (ETS) for the 2007-2008 cohort year.

| PROGRAM | # OF PROGRAM COMPLETERS | # OF PROGRAM COMPLETERS FOUND, MATCHED, AND USED IN PASS RATE CALCULATION | # ACHIEVING CUT SCORE ON LICENSURE EXAM | # NOT ACHIEVING CUT SCORE ON LICENSURE EXAM |
|----------------|--------------------------------|--|--|--|
| ENGLISH | 22 | 22 | 22 | 0 |
| FRENCH | 1 | 1 | 1 | 0 |
| ITALIAN | 1 | 1 | 1 | 0 |
| SPANISH | 5* | 5* | 5 | 0 |
| HISTORY | 9 | 9 | 9 | 0 |
| MATHEMATICS | 15 | 14 | 14 | 0 |
| MUSIC | 5 | 5 | 5 | 0 |

| | | | | |
|---------------------------------------|------|------|------|---|
| SCIENCE – BIOLOGY | 12 | 12 | 12 | 0 |
| SCIENCE - CHEMISTRY | 2 | 2 | 2 | 0 |
| SCIENCE- PHYSICS | 0 | 0 | 0 | 0 |
| SPECIAL AND ELEMENTARY EDUCATOR | 67 | 56 | 56 | 0 |
| SPECIAL EDUCATION- SECONDARY | | | | |
| TOTALS | 138* | 126* | 126* | 0 |

*One student completed a dual program in Italian and Spanish and is counted twice.
TOTAL NUMBER OF PROGRAM COMPLETERS FOR 2007-2008__138_____.

Institutional Pass Rate_100___%

SECTION II. PROGRAM INFORMATION

(A) Number of students in the regular teacher preparation program at your institution: Please specify the number of students in your teacher preparation program during academic year 2007-2008, including all areas of specialization.

1. Total number of students enrolled during 2007-2008: 361

(B) Information about supervised student teaching:

2. How many students (in the regular program and any alternative route programs) were in programs of supervised student teaching during academic year 2007-2008? 79

3. Please provide the numbers of supervising faculty who were:

12 Appointed full-time faculty in professional education: an individual who works full time in a school, college, or department of education, and spends at least part of the time in supervision of teacher preparation students.

0 Appointed part-time faculty in professional education and full-time in the institution: any full time faculty member in the institution who also may be supervising or teaching in the teacher preparation program.

19 Appointed part-time faculty in professional education not otherwise employed by the institution: may be part time university faculty or pre-K-12 teachers who supervise prospective teachers. The numbers do not include K-12 teachers who simply receive a stipend for supervising student teachers. Rather, this third category is intended to reflect the growing trend among institutions of higher education to appoint K-12 teachers as clinical faculty, with the rights and responsibilities of the institution's regular faculty.

Supervising faculty for purposes of this data collection includes all persons who the institution regards as having faculty status and who were assigned by the teacher preparation program to provide supervision and evaluation of student teaching, with an administrative link or relationship to the teacher preparation program.

Total number of supervising faculty for the teacher preparation program during 2007-2008: 31

The student/faculty ratio was (divide the total given in B2 by the number given in B3): 1:5

The average number of hours per week required of student participation in supervised student teaching in these programs was: _____ hours. The total number of weeks of supervised student teaching required is: _____

Elem/Spec. Ed. = 16 wks or 400hrs. for both areas; Secondary = 12 wks or 300 hrs; Gr. Spec Ed = 8 wks or 200 hrs.

(C) Information about state approval or accreditation of teacher preparation programs:

Is your teacher preparation program currently approved or accredited by the state?

Yes No

Is your teacher preparation program currently under a designation as “low-performing” by the state (as per section 208 (a) of the HEA of 1998)? Yes No

SECTION III. CONTEXTUAL INFORMATION (OPTIONAL).

Please use this space to provide any additional information that describes your teacher preparation program(s). You may also attach information to this questionnaire. (We have agreed not to provide contextual information)

SECTION IV. CERTIFICATION.

I certify that, to the best of my knowledge, the information in this report is accurate and complete and conforms to the definitions and instructions used in the Reference and Reporting Guide for preparing state and institutional reports on the quality of teacher preparation.

_____(Signature)

Jane M. DeGiulio _____ Name of responsible institutional representative
for teacher preparation program

Administrative Assistant _____ Title 3/30/09 _____ Date

Certification of review of submission:

_____(Signature)

Thomas. F. Flaherty, Ph.D. _____ Name of President/Chief Executive (or designee)

Dean, School of Professional Studies _____ Title 3/30/09 _____ Date