Office of Indian Education Professional Development Program

Data Collection System

Participant Screenshots

Contents

Rules of Behavior for Participants

Rules of Behavior for Department of Education-Sponsored Website ×

The Indian Education Professional Development (IEPD) Data Collection System (DCS) is an online data collection system designed to facilitate administration of the IEPD Program. This system collects employment and contact information from participants to verify the fulfillment of their payback agreements. Verifying payback requires collecting personally identifying information from grantees, participants, and employers. This data collection has been authorized by section 7122 of the Elementary and Secondary Education Act of 1965, as amended, and its corresponding regulations, 34 CFR Part 263, Subpart A.

Users of the DCS must agree to certain conditions and agree to act to insure the accuracy and confidentiality of the information stored by the DCS. Violation of this policy will result in suspension of participant access to the DCS.

participants using this system agree to:

- Maintain requested contact and employment information
- Maintain their DCS accounts by:
  - Protecting account login names and passwords;
  - Submitting accurate information for current address, phone number, employment status and employer information; and
  - Using the DCS only to access their own information.

By agreeing to these Rules of Behavior, participants agree to maintain the confidentiality of this information.

OMB Paperwork Reduction Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per participant, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is mandatory per section 7122 of the Elementary and Secondary Education Act of 1965, as amended, and its corresponding regulations, 34 CFR Part 263, Subpart A. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0686. Note: Please do not return the completed Participant Record Form to this address.

OMB Control Number: 1810-0698

Expiration: 4/30/2016

I Agree to the Terms

Participant Main Menu

Participant Main Menu

Welcome, Admin Admin (admin@gmail.com)

The information contained in this record was added by the Institution of Higher Education (IHE) at which you received your funded training. You are required to provide the Data Collection Center (DCC) with up-to-date contact information. To edit the information below, click on the "Edit My Information" link. To change your password, click on the "Change My Password" link. For security reasons you must contact DCC at ⓢ 1-888-884-7110 or paybackobligations@ed.gov to change your name and Social Security Number.

You will be logged out of the system after 30 minutes of inactivity. A warning message will appear after 25 minutes of inactivity.

A. IDENTIFYING INFORMATION

Change My Password | Edit My Information

Name: Alison Gary

* First Name:	Middle Name:	* Last Name:
Alison	Tabitha	Garv
Maiden Name, if applicable:	* Social Security Number:	* Date of Birth:
Lewis	***-**-4444	5/13/1993
* Primary E-mail Address:	* Verify Primary E-mail Address :	
karenschroll@westat.com	karenschroll@westat.com	
Alternative E-mail Address:	Verify Alternative E-mail Address :	
alisonq@test.com	alisonq@test.com	

B. CONTACT INFORMATION

Primary Address

* Address:	Address Line 2	
23 Oak Dr.	Apt 35	
* City:	* State:	* Zip Code:
New York	New York	15412
* Home Phone:	Cell Phone:	
(254) 785-4785	(478) 459-8745	

C. ALTERNATE CONTACT INFORMATION

* First Name:	* Last Name:	
Relative	One	

* E-mail Address:	* Verify E-mail Address:	
Myrielltyler@westat.com	Myrielltyler@westat.com	

* Address:	Address Line 2:	
123 Relative Lane		

* City:	* State:	* Zip Code:
Rockville	Maryland	20850

* Home Phone:	Other Phone:	
(123) 456-7890		

Fax:

Please review and verify the information in Sections A, B, and C. Check the box below if there have been no changes in the last six months.

☐ I have reviewed the information in Sections A, B, and C and it is still current.

Grant #1 : AmyTestIHE Teaching students to become teachers   Grant:Testgrant2

D1. TRAINING AND SERVICE PAYBACK DETAILS

Please certify that the information provided by your Institution of Higher Education (IHE) is correct. If any of the items do not match your records, please contact your IHE. We also encourage you to contact DCC at Ⓢ 1-888-884-7110 or paybackobligations@ed.gov so that a ticket can be created concerning this matter. Your IHE will have to contact DCC to edit your record.

IHE: AmyTestIHE   **Project Title:** Teaching students to become teachers   **Grant Number:** Testgrant2

Exit/Completion Date: 3/31/2014

Date Record Created by IHE: 3/15/2014   **Date of Last IHE Update:** 3/15/2014

EDUCATION INFORMATION

1. Check the degree(s) or certificate(s) or endorsement(s) you held when you entered this grant-supported training:
• High School Diploma or Equivalency

2. Check the degree(s) or certificate(s) or endorsement(s) you received as a result of completing this grant-supported training:
• Bachelor's Degree

PROGRAM INFORMATION

1. Select the major field of study associated with your degree:
    • Other (please specify)   drama
2. Select the area of certification you attained after project training:

TRAINING PROGRAM EXIT/COMPLETION INFORMATION
    • I have completed my program of study.

SERVICE PAYBACK INFORMATION:

1. **Total number of months you were enrolled in training as of 3/15/2014: 9 months**

2. **Total funding amount received as of 3/15/2014:**

Type of Expense	Cost ($)
Tuition, Books and Fees	5,678
Stipend (i.e., costs related to room, personal living expenses, and/or board)	
Dependent Allowance	
Supplies (non-technology)	8,767
Technology (i.e., computers, and related items)	
Required Program Travel	
Miscellaneous (explain):	
TOTAL	**$ 14,445**

☑ Amounts listed above are final. This box will be checked if the cumulative totals above represent the final amounts for this participant. This box will only be checked if the participant has completed the program or exited the program prior to completion.

VERIFY PAYBACK DETAILS

○ I certify that the payback details entered by my IHE are correct.

○ I disagree with the payback details entered by my IHE and will contact the project director and the DCC Helpdesk at Ⓢ 1-888-884-7110 or paybackobligations@ed.gov.

[Submit Grant#1]

E1. SERVICE PAYBACK STATUS

The service obligation information below is current as of your IHE's last update on 3/15/2014. These totals are expected to increase if you are currently receiving funding or expect to receive more funding prior to the completion of your program; therefore this may not be your final service payback in months and dollars. When you complete or exit the program, your IHE will update your record with your final service payback details. If you have questions regarding this information, please contact your IHE. For definitions of the terms below, please click on any of the underlined links.

Total Months of Funding: 9 months

Total Service Payback Owed: 9 months

Program Completion Status: Completed/Graduated

Total Service Payback Fulfilled to Date (if applicable): 9 months

Current Service Payback Status: Fulfillment Not in Progress

Total Funding Received: $14,445

Total Grace Period Provided per Program Regulations: 6 months

Total Time Remaining in Grace Period: 0 months

Remaining Service Payback: 0 months

Click here to view a copy of your service payback agreement.

Notice of Intent [MUST BE COMPLETED WITHIN 30 DAYS OF PROGRAM COMPLETION]

Please select one option below to indicate your intent to complete a work-related or cash payback

○ **Work-related payback**
I understand by selecting this option I agree to report my employment information in Section F every 6 months until my service payback obligation has been fulfilled.

○ **Cash payback**
I understand by selecting this option I will be referred to the U.S. Department of Education's, Debt and Payment Management Group (DPMG) to establish a repayment plan.

○ **I am continuing in a degree program as a full-time student and wish to request an educational deferment to delay service or fiscal payback for funds I received from this grant.**
I understand by selecting this option I will need to provide the information in Section G.

F. ELIGIBLE EMPLOYMENT

View/Edit Employers
Add New Employment Record
View All Employment Records

Eligible employment must 1) be related to the training received; and 2) benefit Indian people. **Only eligible employment can be submitted for employer verification.** You will receive an error message if the position is not eligible and will need to contact the DCC Help Desk at ⓢ 1-888-884-7110 or paybackobligations@ed.gov for assistance.

Once you enter employment information into DCS an employment record will be created and the record will be sent to your employer for verification. Your employer will have 30 days from the date of submission to verify or dispute the information in the record. Once your employer has verified the employment record credit will be applied to your Total Service Payback Owed. For more information on disputed records, click on the "View All Employment Records" link. Note that past employment records cannot be edited once submitted, but current employment records can be edited. You cannot update your current employment record during your employer's 30–day verification period until your employer verifies or disputes the record or the 30-day verification window expires. To update your current employment record, click on the "Update Current Employment" link or on the name of your current employer. Current employment records will be sent to your employer for verification once every 6 months.

Note that if your current full-time position becomes part-time you must add an end date to the current full-time record and create a new record for the part-time position.

CURRENT OR MOST RECENT EMPLOYMENT

REPORTING REQUIREMENTS

As a participant you are required to update DCS with your contact and employment information every 6 months. You will receive reminder emails and phone calls from DCS reminding you to add an employment record or update your current employment record.

If you are within the grace period or have no changes to your employment, you must click the check box below. Otherwise, you must enter employment information.

☐ I do not have any changes to my employment at this time.

Submit

Employment Record Form

EMPLOYMENT INFORMATION

The questions relating to your employment affect your payback status. You must answer every question to the best of your ability. Providing information that you know to be false may be punishable by law.

EMPLOYER INFORMATION

You must provide the name, address, and phone number of the employer organization for this position. You must list at least one supervisor or human resources manager who can verify your employment and provide his or her e-mail address. You will be asked on the next page to indicate which contact should be sent your employment record for verification. Lastly, you must indicate the type of employer organization for this employment position. Required items are marked with an asterisk.

Organization Name: *

(e.g., name of school district, name of government agency)

Department Name:

(e.g., school name, government department)

Organization Address

Address Line 1: *

Address Line 2:

City: *

State: *

Please Select a State ∨

Zip Code: *

Phone: *

Fax:

TTY:

Organization Web site address (Ensure the Web site has the prefix "http://".):

SUPERVISOR

Please provide the name of a supervisor at this job who can verify this employment information.

First Name:

Last Name:

Supervisor's Business Address

Address Line 1:

Address Line 2:

City:

State:
Please Select a State ▼

Zip Code:

Phone:

Mobile Phone:

Email:

Verify Email:

Alternate Email:

Verify Alt. Email:

Fax:

TTY:

HUMAN RESOURCE MANAGER

Please provide the name of a human resources manager at this job who can verify this employment information.

First Name:

Last Name:

Human Resource Manager Business Address

Address Line 1:

Address Line 2:

City:

State:
Please Select a State ▼

Zip Code:

Phone:

Mobile Phone:

Email:

Verify Email:

Alternate Email:

Verify Alt. Email:

Fax:

TTY:

ORGANIZATION TYPE

What type of organization is this? *

- ○ Public School
- ○ Residential School
- ○ For-profit or Commercial Organization
- ○ Federal Government Agency (i.e., BIE)
- ○ State, Local, or Tribal Government Agency
- ○ Private School
- ○ Local Education Agency (LEA)
- ○ College/University
- ○ Non-profit Organization
- ○ Charter School
- ○ Other, please specify [   ]

[Next>>]

EMPLOYMENT INFORMATION

Please note - you will not receive credit for more than one full-time position in any given month; For multiple part-time positions, we will count no more than 40 hours per week; and, creditable service is based on actual time worked, not how you are paid (i.e. work 9 months, paid over 12 months, service credit is 9 months).

Past employment records cannot be edited once submitted for verification. Your employer will have 30 days from the date of submission to verify or dispute your employment information for this position. Current employment records can be edited. You will receive credit for current employment up to the date of last update. You cannot update your current employment record during your employer's 30–day verification period until your employer verifies or disputes the record or the 30-day verification window expires.

While OIE is tracking participant employment in targeted schools with American Indian/Alaska Native enrollment of 5 percent or more, this criteria is not considered a requirement for service payback. Eligible employment for service payback is any employment that is in the participant's field of study and benefits Indian people (ESEA 7122, 34 CFR 263.1).

Question #10 does not affect your service payback fulfillment status. This question is for measuring performance of the programs at the Office of Indian Education.

To save a record for later completion, please click the "Save For Later" button at the bottom of the page.

1. * Is this your current employment?   ◉ No
                                          ○ Yes

2. * When did this job begin? [_____]

3. * When did this job end? [_____]

Please note: past employment records cannot be edited once submitted and verified by employer. Contact the DCS Helpdesk at 1-888-884-7110 or paybackobligations@ed.gov for issues with past employment verification.

4a. * Is this a full time position?
   ☐ Full time (As defined by your employer)
      ○ This is a summer position
      ○ This position has summers off
      ○ This is a year round position
4b. * Is this a part time position?
   ☐ Part time (As defined by your employer)
      If this employment is part-time, on average, how many hours do you work per week at this job? [____]
4c. * Is this a paid position?
   ○ No
   ○ Yes

5. * Does this employment benefit American Indian/Alaska Native people?
   ○ No
   ○ Yes

6. * Which of the following best describes this position?
   ○ Paraprofessional/Teacher Assistant/Teacher Aide
   ○ Classroom Teacher
   ○ Assistant Principal
   ○ Principal
   ○ Administrator - LEA (Local Education Agency)
   ○ Administrator - SEA (State Education Agency)
   ○ Administrator - TEA (Tribal Education Agency)
   ○ Social Worker
   ○ Ancillary Education Personnel
   ○ Other, please specify [_____]

7. * Please select the general education area that best describe this position.
   ○ Administration
   ○ Elementary Education
   ○ Secondary Education
   ○ Social Work
   ○ School of Educational Psychology
   ○ Special Education

8. * **Please select the subject area that best describe this position.**
   ○ Not Applicable
   ○ Arts and Music
   ○ Bilingual or English as a Second Language
   ○ Early Childhood Education
   ○ English or Language Arts
   ○ Language Education (Native/Heritage/World Language)
   ○ Health or Physical Education
   ○ Mathematics or Computer Science
   ○ Natural Sciences
   ○ Social Sciences
   ○ Career or Technical Education
   ○ Other (please specify) [_____]

9. * **Please select the most appropriate grade span [check all that apply]**
   ☐ Pre-K
   ☐ K-5
   ☐ 6-8
   ☐ 9-12
   ☐ Other [_____]

10. * **Are you "highly qualified" for this position under the Elementary and Secondary Education Act (ESEA)? Select the most appropriate answer.**
    ○ Highly qualified
    ○ Not highly qualified
    ○ This state does not have requirements for certification/licensure for this position
    ○ Not applicable to this type of employment position
    Click here to view the definition of "highly qualified."

11. * **Please select the Supervisor or HR Person whom you wish to send this information for verification**
    ☐ Stacy Kennedy (ashimsha@hotmail.com)

☐ I certify that all of the information I have provided is true and correct to the best of my knowledge. I understand that if I purposely give false or misleading information, I may be fined in an amount not less than $5,000 and not greater than $10,000, plus 3 times the amount of damages the Government sustains due to my false statement. - False Claims Act, 31 USC § 3729.

[Save and Submit] [Save for Later]

Text box below with definition of "highly qualified" appears when clicking on link for item 10.

Highly Qualified ✕

The federal definition of Highly Qualified can be found in Section 9101 (23) of the Elementary and Secondary Education Act, as amended, which reads:

(23) HIGHLY QUALIFIED- The term highly qualified' —
    (A) when used with respect to any public elementary school or secondary school teacher teaching in a State, means that —
        ◦ (i) the teacher has obtained full State certification as a teacher (including certification obtained through alternative routes to certification) or passed the State teacher licensing examination, and holds a license to teach in such State, except that when used with respect to any teacher teaching in a public charter school, the term means that the teacher meets the requirements set forth in the State's public charter school law; and
        ◦ (ii) the teacher has not had certification or licensure requirements waived on an emergency, temporary, or provisional basis;
    (B) when used with respect to —
        (i) an elementary school teacher who is new to the profession, means that the teacher —

            (I) holds at least a bachelor's degree; and
            (II) has demonstrated, by passing a rigorous State test, subject knowledge and teaching skills in reading, writing, mathematics, and other areas of the basic elementary school curriculum (which may consist of passing a State-required certification or licensing test or tests in reading, writing, mathematics, and other areas of the basic elementary school curriculum); or
        (ii) a middle or secondary school teacher who is new to the profession, means that the teacher holds at least a bachelor's degree and has demonstrated a high level of competency in each of the academic subjects in which the teacher teaches by —
            (I) passing a rigorous State academic subject test in each of the academic subjects in which the teacher teaches (which may consist of a passing level of performance on a State-required certification or licensing test or tests in each of the academic subjects in which the teacher teaches); or
            (II) successful completion, in each of the academic subjects in which the teacher teaches, of an academic major, a graduate degree, coursework equivalent to an undergraduate academic major, or advanced certification or credentialing; and

(C) when used with respect to an elementary, middle, or secondary school teacher who is not new to the profession, means that the teacher holds at least a bachelor's degree and —

> (i) has met the applicable standard in clause (i) or (ii) of subparagraph (B), which includes an option for a test; or
>
> (ii) demonstrates competence in all the academic subjects in which the teacher teaches based on a high objective uniform State standard of evaluation that —
>
>> (I) is set by the State for both grade appropriate academic subject matter knowledge and teaching skills;
>>
>> (II) is aligned with challenging State academic content and student academic achievement standards and developed in consultation with core content specialists, teachers, principals, and school administrators;
>>
>> (III) provides objective, coherent information about the teacher's attainment of core content knowledge in the academic subjects in which a teacher teaches;
>>
>> (IV) is applied uniformly to all teachers in the same academic subject and the same grade level throughout the State;
>>
>> (V) takes into consideration, but not be based primarily on, the time the teacher has been teaching in the academic subject;
>>
>> (VI) is made available to the public upon request; and
>>
>> (VII) may involve multiple, objective measures of teacher competency.

Close

G. DEFERRAL REQUEST

According to the Program Regulations (in 34 CFR 263.9(b)) available on the DCC website, you may request an educational deferment of your service payback if you are continuing as a full-time student without interruption, in a program leading to a degree in an accredited IHE. You must request this deferment within the 6-month grace period after leaving the Professional Development program.

You must also provide the following information:

1. **Name of the accredited institution:**
2. **The degree being sought:**
3. **Date of program completion:**
4. A copy of the letter of admission/Status report. The acceptance letter/status report must state your name, date of acceptance into program of study, the degree being sought, that you are enrolled full-time, be on school letterhead, and be signed and dated by a school official.

   You may upload an electronic copy of the required documentation or you may mail or fax the documents to the DCC Help Desk at 1600 Research Blvd., RA 1297, Rockville, MD, 20850 or 888-252-6960.

   Please upload the appropriate documentation to support your deferral request. Depending on the file size of the attachment, the upload process may take up to several minutes. Acceptable file types include .doc, .docx. and .pdf. Please note that file names or titles cannot have spaces. You may use underscores (e.g., John_Doe_deferral_request.doc).

If your request is approved, you must submit a status report from an authorized academic advisor or other authorized representative of the IHE, showing verification of full-enrollment and status **after each semester**.

File to upload:

[ ] Browse...

Submit