

OSEP PDPDCS Completed Scholars Questionnaire

1. * **What degree(s) or certificate(s) or endorsement(s) did this scholar receive as a result of completing this OSEP grant-supported training:** *(Check all that apply)*

- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Educational Specialist
- Doctoral degree
- Postdoctoral degree
- State or professional credential/certificate
- State-issued endorsement

2a. * **Select the training area that best describes the PRIMARY focus of the degree/certificate/endorsement that this scholar received from this OSEP grant-supported training. If appropriate, select up to three additional OTHER FOCUS AREAS to provide more detailed information about the scholar's focus of training.**

Training Area	Primary Focus	Other Focus Area
Special Education (General)		
Early Intervention/Early Childhood Special Education		
Speech Language Pathology		
School Psychology		
Occupational Therapy		
Educational Interpreter		
Teaching of Visual Impairments (TVI)		
Physical Therapy		
Audiology		
Adapted Physical Education		
School Counseling		
Orientation & Mobility		
Deaf Education		
Applied Behavior Analysis (ABA)		
Rehabilitation Counseling		
Social Work		
Other (For Leadership Grantees)		

Notice to 325D (Leadership) grantees: If the special education and related services areas above are not appropriate for the training focus of your grant, please provide a brief description of the scholar's degree(s) or certificate(s) or endorsements(s) below.

2b. *Indicate the disability category(s) of the children that the scholar received training to support as part of this OSEP grant-supported training. Select all that apply. If your program does not focus on a specific disability category, please select "All disabilities."

- All disabilities
- Autism
- Deaf-blindness
- Deafness
- Developmental delay
- Emotional disturbance
- Hearing impairment
- Intellectual disabilities
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech/language impairment
- Traumatic brain injury
- Visual Impairment, including blindness

3. * Did the scholar take an exam or measure to demonstrate knowledge and skills prior to completing this OSEP-funded training program?

- Yes
- No
- Don't know

4a. Please select the exam or measure the scholar took to demonstrate knowledge and skills.

- Grantee specific measure
 - Comprehensive Exams
 - Defense of Dissertation
 - Final Oral Exam for Master's Degree
 - Portfolio
 - Practicum
 - Supervisor Evaluation
 - Teaching Performance Assessment
 - Thesis
 - Other (specify) _____
- National organization test for licensure or certification
- PRAXIS II
- State specific test for licensure or certification
- Other test _____

5a. Did the scholar pass this exam or measure?

- Yes
- No
- Don't know
- Not applicable, our state does not set a passing score.

6a. Did the scholar take any other exam(s) or measure(s) to demonstrate knowledge and skills prior to completing this OSEP-funded training program?

- Yes
- No
- Don't know

4b. Please select the exam or measure the scholar took to demonstrate knowledge and skills.

- Grantee specific measure
 - Comprehensive Exams
 - Defense of Dissertation
 - Final Oral Exam for Master's Degree
 - Portfolio
 - Practicum
 - Supervisor Evaluation
 - Teaching Performance Assessment
 - Thesis
 - Other (specify) _____
- National organization test for licensure or certification
- PRAXIS II
- State specific test for licensure or certification
- Other test _____

5b. Did the scholar pass this exam or measure?

- Yes
- No
- Don't know
- Not applicable, our state does not set a passing score.

6b. Did the scholar take any other exam(s) or measure(s) to demonstrate knowledge and skills prior to completing this OSEP-funded training program?

- Yes
- No
- Don't know

4c. Please select the exam or measure the scholar took to demonstrate knowledge and skills.

- Grantee specific measure
 - Comprehensive Exams
 - Defense of Dissertation
 - Final Oral Exam for Master's Degree
 - Portfolio
 - Practicum
 - Supervisor Evaluation
 - Teaching Performance Assessment
 - Thesis
 - Other (specify) _____
- National organization test for licensure or certification
- PRAXIS II
- State specific test for licensure or certification
- Other test _____

5c. Did the scholar pass this exam or measure?

- Yes
- No
- Don't know
- Not applicable, our state does not set a passing score.

6c. Did the scholar take any other exam(s) or measure(s) to demonstrate knowledge and skills prior to completing this OSEP-funded training program?

- Yes
- No
- Don't know

4d. Please select the exam or measure the scholar took to demonstrate knowledge and skills.

- Grantee specific measure
 - Comprehensive Exams
 - Defense of Dissertation
 - Final Oral Exam for Master's Degree
 - Portfolio
 - Practicum
 - Supervisor Evaluation
 - Teaching Performance Assessment
 - Thesis
 - Other (specify) _____
- National organization test for licensure or certification
- PRAXIS II
- State specific test for licensure or certification
- Other test _____

5d. Did the scholar pass this exam or measure?

- Yes
- No
- Don't know
- Not applicable, our state does not set a passing score.

6d. Did the scholar take any other exam(s) or measure(s) to demonstrate knowledge and skills prior to completing this OSEP-funded training program?

- Yes
- No
- Don't know

4e. Please select the exam or measure the scholar took to demonstrate knowledge and skills.

- Grantee specific measure
 - Comprehensive Exams
 - Defense of Dissertation
 - Final Oral Exam for Master's Degree
 - Portfolio
 - Practicum
 - Supervisor Evaluation
 - Teaching Performance Assessment
 - Thesis
 - Other (specify) _____
- National organization test for licensure or certification
- PRAXIS II
- State specific test for licensure or certification
- Other test _____

5e. Did the scholar pass this exam or measure?

- Yes
- No
- Don't know
- Not applicable, our state does not set a passing score.