



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Executive Director
Office of K-16 Initiatives & Access Programs
Collegiate Development Programs Unit
Education Building Addition, Room 960A
Tel. (518) 474-5313
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December 2011

TO: Collegiate Science and Technology Entry Program (CSTEP) Project Directors

FROM: Stanley H. Hansen

SUBJECT: 2011-2012 Mid-Year Assessment

The Mid-Year Assessment Report (July 1, 2011-February 15, 2012) and Instructions for the Collegiate Science and Technology Entry Program for the operational year 2011-2012 are enclosed.

Please provide us with an original and two copies of the completed form postmarked by March 15, 2012.

NYS Education Department
Collegiate Development Programs Unit
Collegiate Science & Technology Entry Program (CSTEP)
Mid-Year Assessment 2012
89 Washington Avenue, Room 960A EBA
Albany, N.Y. 12234

Enclosure

THE STATE EDUCATION DEPARTMENT
Collegiate Development Programs Unit
89 Washington Avenue, Room 960A EBA
Albany, New York 12234
(518) 474-5313

**COLLEGIATE SCIENCE & TECHNOLOGY ENTRY PROGRAM (CSTEP)
2011-2012 Mid-Year Assessment**

Mid-Year Assessment

The Mid-Year Assessment covers the period from July 1, 2011 through February 15, 2012. The purpose of the Mid-Year Assessment Report is to provide summary information regarding participants, activities, program content and outcomes for the summer and first semester of the program.

Mid-Year Assessment Due Date: Postmarked March 15, 2012

Number of Copies: Original and two copies

Send the report to: NYS Education Department
Collegiate Development Programs Unit
Collegiate Science & Technology Entry Program (CSTEP) Mid-Year
Assessment 2012
89 Washington Avenue, Room 960A EBA
Albany, N.Y. 12234

Mid-Year Assessment:

Cover/Signature Page

- Table 1: Enrolled Participant Roster
- Table 2: Distribution of Students Served
- Table 3: Calendar of Activities
- Table 4: Network Committee Participation

INSTRUCTIONS

General

Projects must complete all tables listed under Mid-Year Assessment. Complete information in all requested categories must be provided. If you have any questions regarding information to be provided, contact your program officer for clarification prior to the due date. The telephone number is (518) 474-5313.

Each copy of the Mid-Year Assessment should be stapled or secured by a binder clip and sequenced in order. Include your institution's name in the upper right corner of each page of the report and all attachments.

An original and two copies of the Mid-Year Assessment are required. These reports must be postmarked by **March 15, 2012**.

Computer Generated Reports:

You may submit your own computer-generated report. However, all information requested in each table must be provided in the exact format shown in this report. Table 1: Enrolled Participant Roster must also be double-spaced.

Cover/Signature Page

Complete all information requested. Place the last two digits of your project number on the cover/signature page in the spaces provided. (Refer to the 2011-2012 award notification letter for your assigned project number.)

The original signature of the project director must be provided on the Mid-Year Assessment. Mark the original clearly.

Generally, the person responsible for answering questions should be the person who prepared the report.

Table 1: Enrolled Participant Roster

List each participant alphabetically. Number, sequentially, each student who participated in the program from July 1, 2011 through February 15, 2012. Provide all requested information for each participant. Roster must be double-spaced.

Table 2: Distribution of Students Served

Provide data for all participants by ethnicity and class level. The total of rows and the total of columns must each add up to the total number of participants reported on Table 1: Enrolled Participant Roster. Please report on all new and returning students enrolled from July 1, 2011 through February 15, 2012. A student should only be counted once during the course of a program year.

Table 3: Calendar of Activities

Provide a list of activities and services offered from July 1, 2011 through February 15, 2012.

Table 4: Network Committee Participation

Indicate what regional and/or statewide network committees that the program has participated in during the 2011-2012 year.

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Collegiate Development Programs Unit
Albany, New York 12234
(518) 474-5313

**COLLEGIATE SCIENCE & TECHNOLOGY ENTRY PROGRAM (CSTEP)
Mid-Year Assessment July 1, 2011-February 15, 2012**

Name of Institution: _____

Mailing Address of CSTEP Program: _____

Project# 0537-12-00 __

Name of Project Director: _____

Title: _____

Telephone Number: _____ Fax Number _____
(Include Area Code) (Include Area Code)

E-Mail Address _____

PLEASE RETURN ORIGINAL AND TWO COPIES TO:

**New York State Education Department
Collegiate Development Programs Unit
Collegiate Science and Technology Entry Program
89 Washington Avenue, Room 960A EBA
Albany, N.Y. 12234**

Signature:

Project Director

Due by March 15, 2012

**TABLE 1
ENROLLED PARTICIPANT ROSTER**

(For the period: July 1, 2011 to February 15, 2012)

MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.

NAME (LAST, FIRST)	CLASS LEVEL BEGINNING OF 2011-2012	Term(s) of Participation		
		Summer	Fall	Spring
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**TABLE 2: STUDENTS SERVED
(Unduplicated headcount only)**

(For the Period: July 1, 2011 to February 15, 2012)

Sex	Ethnic Category	CLASS LEVEL					Totals
		First Year	Sophomore	Junior	Senior	Graduate	
M	African American						
	Hispanic/Latino						
	Native American Indian/Alaskan Native						
	White, non-Hispanic						
	Asian/Pacific Islander						
	Other						
	Subtotal (Males)						
F	African American						
	Hispanic/Latino						
	Native American Indian/Alaskan Native						
	White, non-Hispanic						
	Asian/Pacific Islander						
	Other						
	Subtotal (Females)						
TOTALS	(Sum of Males and Females)						

TABLE 3: CALENDAR OF ACTIVITIES

TABLE 4: NETWORK COMMITTEE PARTICIPATION

Indicate what regional and/or statewide network committees that the program has participated in during the 2011-2012 year

COMMITTEE

REGIONAL/STATEWIDE

