**Florida Postsecondary Comprehensive Transition Program (FPCTP)
Annual Report Template – Program Information**

**Reporting Year: 2019-2020**

This report requires you to provide some information that may have been included in a previous FPCTP report. If that information has not changed, feel free to copy it over from a previous document.

**General Program Information**

1. Institution name:
2. FPCTP name:
3. a. Name of primary FPCTP contact person:

b. Position:

c. Contact phone:

d. Contact email:

1. a. Name of person completing annual report (*if different from 3a*):

b. Position:

c. Contact phone:

d. Contact email:

1. a. At approximately what date did your **approved FPCTP** first enroll postsecondary

 education students with intellectual disabilities? mm/dd/yyyy

b. Did the program serve postsecondary education students with intellectual disabilities (i.e., those who have exited K-12) prior to FPCTP approval?

*If yes:*

c. At approximately what date did the program first serve postsecondary education students with intellectual disabilities (i.e., those who have exited K-12)? mm/dd/yyyy

1. Please select the terms in which your students participate in the FPCTP:

[ ]  Fall

[ ]  Spring

[ ]  Summer

1. Are students in the FPCTP issued the same ID cards issued to other students on campus?
2. What is the Federal CTP Program status of your approved FPCTP? (select one)

[ ]  Application in development, not yet submitted

[ ]  Application submitted, not yet approved; date of submission: mm/dd/yyyy

[ ]  Application approved; date of approval mm/dd/yyyy

*Note:* Please send a copy of your Federal CTP Program application to FCSUA **when submitted** and notify FCSUA **upon Federal CTP Program approval**.

Use the space below to provide any needed clarification related to General Program Information:

**FPCTP Staffing**

Please complete Questions 9-11 to describe the staff members who work on the FPCTP, the number of hours they work, their function, and how staff member salaries are funded. Do not include peer mentors in this section.

* **Question 10-Column B:** Identify each staff member who works on the FPCTP (noted by their initials), regardless of how they are funded.
* **Question 10-Column C:** Enter the number of hours per week that equals 1.00 FTE for each staff member’s position (e.g., 40 hours, 37.5 hours).
* **Question 10-Column D:** Enter the number of hours per week the staff member works **for the IHE in any capacity**.
* **Question 10-Column E:** Enter the number of hours per week the staff member works **specifically for the FPCTP**. When reporting staff hours do so based on a **typical week.**
* **Question 10-Columns F-P:** Enter the number of hours the staff member functions in each (or any) of the roles.
1. How many staff members work directly on the FPCTP?
2. Use one row for each staff member. Please **calculate totals** in Column Q and the bottom row. If you have more than 10 staff members call the FCSUA at (407) 823-5225.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|  |  |  |  |  | **Roles** |  |
| **Staff mem #** | **Staff member initials** | **Hours in 1 FTE for this position** | **Hours per week at IHE** | **Hours per weekwith FPCTP** | **Director/leadership** | **Program coordination** | **Clerical** | **Advising** | **Instruction** | **Employment support and/or placement** | **Residential support** | **Academic Support** | **Social Support** | **Other** | **Other** | **Total hours across roles** |
| **1** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **2** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **3** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **4** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **5** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **6** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **7** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **8** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **9** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **10** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **Total hours** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

1. Enter the number of hours for each FPCTP staff member funded by each source listed in Columns A-C. Please **calculate totals** in the bottom row of Columns A-C.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff mem #** | **Staff member initials**  | **Hours per week with FPCTP(from Question 10-Column E)** | A | B | C |
| **# of hours on the FPCTP funded by FPCTP Grant** | **# of hours on the FPCTP funded directly by the IHE** | **# of hours on the FPCTP funded by other source(s)** |
| **1** |   |   |       |       |       |
| **2** |   |   |       |       |       |
| **3** |   |   |       |       |       |
| **4** |   |   |       |       |       |
| **5** |   |   |       |       |       |
| **6** |   |   |       |       |       |
| **7** |   |   |       |       |       |
| **8** |   |   |       |       |       |
| **9** |   |   |       |       |       |
| **10** |   |   |       |       |       |
| **Total hours** |   |       |       |       |

Use the space below to provide any needed clarification related to FPCTP Staffing:

**External Service Providers**

1. a. Do agencies or organizations external to the institution provide services and/or

program-related experiences to the students in the FPCTP?

*If yes:*

b. Please select the appropriate agency or organization and describe the type of service or experience provided.

|  |  |
| --- | --- |
| **Agency or organization** | **Type of service or experience** |
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Use the space below to provide any needed clarification related to External Service Providers:

**FPCTP Credentials**

1. This section focuses on the credential(s) available to students enrolled in the FPCTP. Please create one entry for each credential offered. If your FPCTP offers more than 10 credentials please call the FCSUA at (407) 823-5225.

Example:

*Technology Assistant Credential*

Length of study for credential: *30 credit hours*

**Credential(s) offered by the FPCTP:**

**Credential 1:**

a. Name of credential

b. Length of study for credential: amount unit

c. Describe the credential:

d. Is there more than one level or benchmark within the credential at which students may
exit?

e. *If yes*, describe the levels or benchmarks:

f. Is the credential an industry certification, or is there an opportunity for a student who

earns the credential to earn an associated industry certification?

g. How many students enrolled in the FPCTP in 2019-2020 are **expected to earn** this
 credential upon program completion?

h. How many students **completed**this credential during 2019-2020?

**Credential 2:**

a. Name of credential

b. Length of study for credential: amount unit

c. Describe the credential:

d. Is there more than one level or benchmark within the credential at which students may
exit?

e. *If yes*, describe the levels or benchmarks:

f. Is the credential an industry certification, or is there an opportunity for a student who

earns the credential to earn an associated industry certification?

g. How many students enrolled in the FPCTP in 2019-2020 are **expected to earn** this
 credential upon program completion?

h. How many students **completed**this credential during 2019-2020?

**Credential 3:**

a. Name of credential

b. Length of study for credential: amount unit

c. Describe the credential:

d. Is there more than one level or benchmark within the credential at which students may
exit?

e. *If yes*, describe the levels or benchmarks:

f. Is the credential an industry certification, or is there an opportunity for a student who

earns the credential to earn an associated industry certification?

g. How many students enrolled in the FPCTP in 2019-2020 are **expected to earn** this
 credential upon program completion?

h. How many students **completed**this credential during 2019-2020?

**Credential 4:**

a. Name of credential

b. Length of study for credential: amount unit

c. Describe the credential:

d. Is there more than one level or benchmark within the credential at which students may
exit?

e. *If yes*, describe the levels or benchmarks:

f. Is the credential an industry certification, or is there an opportunity for a student who

earns the credential to earn an associated industry certification?

g. How many students enrolled in the FPCTP in 2019-2020 are **expected to earn** this
 credential upon program completion?

h. How many students **completed**this credential during 2019-2020?

**Credential 5:**

a. Name of credential

b. Length of study for credential: amount unit

c. Describe the credential:

d. Is there more than one level or benchmark within the credential at which students may
exit?

e. *If yes*, describe the levels or benchmarks:

f. Is the credential an industry certification, or is there an opportunity for a student who

earns the credential to earn an associated industry certification?

g. How many students enrolled in the FPCTP in 2019-2020 are **expected to earn** this
 credential upon program completion?

h. How many students **completed**this credential during 2019-2020?

**Credential 6:**

a. Name of credential

b. Length of study for credential: amount unit

c. Describe the credential:

d. Is there more than one level or benchmark within the credential at which students may
exit?

e. *If yes*, describe the levels or benchmarks:

f. Is the credential an industry certification, or is there an opportunity for a student who

earns the credential to earn an associated industry certification?

g. How many students enrolled in the FPCTP in 2019-2020 are **expected to earn** this
 credential upon program completion?

h. How many students **completed**this credential during 2019-2020?

**Credential 7:**

a. Name of credential

b. Length of study for credential: amount unit

c. Describe the credential:

d. Is there more than one level or benchmark within the credential at which students may
exit?

e. *If yes*, describe the levels or benchmarks:

f. Is the credential an industry certification, or is there an opportunity for a student who

earns the credential to earn an associated industry certification?

g. How many students enrolled in the FPCTP in 2019-2020 are **expected to earn** this
 credential upon program completion?

h. How many students **completed**this credential during 2019-2020?

**Credential 8:**

a. Name of credential

b. Length of study for credential: amount unit

c. Describe the credential:

d. Is there more than one level or benchmark within the credential at which students may
exit?

e. *If yes*, describe the levels or benchmarks:

f. Is the credential an industry certification, or is there an opportunity for a student who

earns the credential to earn an associated industry certification?

g. How many students enrolled in the FPCTP in 2019-2020 are **expected to earn** this
 credential upon program completion?

h. How many students **completed**this credential during 2019-2020?

**Credential 9:**

a. Name of credential

b. Length of study for credential: amount unit

c. Describe the credential:

d. Is there more than one level or benchmark within the credential at which students may
exit?

e. *If yes*, describe the levels or benchmarks:

f. Is the credential an industry certification, or is there an opportunity for a student who

earns the credential to earn an associated industry certification?

g. How many students enrolled in the FPCTP in 2019-2020 are **expected to earn** this
 credential upon program completion?

h. How many students **completed**this credential during 2019-2020?

**Credential 10:**

a. Name of credential

b. Length of study for credential: amount unit

c. Describe the credential:

d. Is there more than one level or benchmark within the credential at which students may
exit?

e. *If yes*, describe the levels or benchmarks:

f. Is the credential an industry certification, or is there an opportunity for a student who

earns the credential to earn an associated industry certification?

g. How many students enrolled in the FPCTP in 2019-2020 are **expected to earn** this
 credential upon program completion?

h. How many students **completed**this credential during 2019-2020?

Use the space below to provide any needed clarification related to FPCTP Credentials:

 **FPCTP Recruitment, Enrollment, and Retention**

**Eligibility and Recruitment**

1. a. How many **eligible students** (potential FPCTP enrollees) do you estimate were within

the FPCTP’s target recruitment area for this reporting year: **2019-2020?**

b. Describe the source(s) of information from which this estimate is made:

1. What was the **enrollment capacity** of the FPCTP for **2019-2020**?       students
2. List the local K-12 school districts, private schools, and other entities with which your FPCTP collaborates regarding **student recruitment**:

|  |
| --- |
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|       |
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|       |

1. Describe your efforts to **recruit** students for **enrollment in 2019-2020**:

**FPCTP Enrollment in This Reporting Year: 2019-2020**

In this section, if a student was enrolled at your institution prior to 2019-2020, **but first participated in the FPCTP in 2019-2020,** count that student as: (1) a **new applicant** and(2) a **new enrollee** for 2019-2020.

1. a. Number of FPCTP **applicants** for 2019-2020:

b. Of these applicants, how many were Florida residents?

c. Of these applicants, how many were non-Florida residents?

1. a. Number of new FPCTP students **accepted** for 2019-2020:

b. Of these students, how many were Florida residents?

c. Of these students, how many were non-Florida residents?

1. a. Number of students **enrolled** in the FPCTP across 2019-2020:

b. Of these students, how many were **new** to the FPCTP?

c. Of these students, how many were **returning** to the FPCTP in 2019-2020 (enrolled in the FPCTP in previous year(s))?

1. Of the students **enrolled** in the FPCTP in 2019-2020:

a. How many students **completed the FPCTP** in 2019-2020?

b. How many students are **expected to return** to the FPCTP in 2019-2020?

c. How many students left during 2019-2020 **without completing** the FPCTP?

1. a. Which of the following supports, strategies, and services did you use in efforts to **retain**

FPCTP students during **2019-2020**? (select all that apply)

[ ]  Advising and/or increased advising session frequency

[ ]  Peer mentors

[ ]  Program support meetings

[ ]  Tutoring

b. Describe any additional supports, strategies, or services used to **retain** FPCTP students during **2019-2020**:

**Projected FPCTP Enrollment for 2020-2021**

In this section, if a student was enrolled at your institution prior to 2020-2021 but **is expected to first participate in the FPCTP in 2020-2021** count that student as: (1) a **new applicant** and(2) a **new enrollee** for 2020-2021.

1. a. How many **eligible students** (potential FPCTP enrollees) do you estimate are within

the FPCTP’s target recruitment area for **2020-2021?**

b. Describe the source (s) of information from which this estimate is made (*if different from 14b*):

1. What is the FPCTP’s **anticipated** **enrollment capacity** for **2020-2021**?       students
2. Number of **new** FPCTP **applicants** you expect for **2020-2021**:
3. Number of **new** FPCTP students you expect to **accept** for **2020-2021**:
4. a. **Total number** of FPCTPstudents you expect to **enroll** in **2020-2021**:

b. Of these students how many do you expect to be **new** to the FPCPT in **2020-2021**?

c. Of these students how many do you expect to **return** to the FPCTP in **2020-2021** (enrolled in the FPCTP in previous year(s))?

**Future FPCTP Enrollment Projections**

1. a. How many **eligible students** (potential FPCTP enrollees) do you estimate will be within

the FPCTP’s target recruitment area for **2021-2022?**

b. Describe the source(s) of information from which this estimate is made (*if different from 14b*):

1. What is the FPCTP’s **anticipated** **enrollment capacity** for **2021-2022**?       students
2. Number of **new** FPCTP students you expect to **accept** for **2021-2022**:
3. **Total number** of FPCTPstudents you expect to **enroll** in **2021-2022**:

Use the space below to provide any needed clarification related to FPCTP Recruitment, Enrollment, and Retention:

**Peer Mentors**

1. a. Did the FPCTP include support provided by **peer mentors** as a program service during

**2019-2020**?

*If yes:*

b. Number of peer mentors who provided support to your students during 2019-2020:

c. Were peer mentors compensated or credited in some manner for their services?

d. *If yes:* How were peer mentors compensated?

e. Please identify the kinds of support peer mentors provided to your students (check all that apply):

[ ]  Employment support

[ ]  Residential support

[ ]  Academic support

[ ]  Social support

[ ] Other Please describe

f. In a **typical week**, how many **total hours** of peer support were provided to the FPCTP students?       hours per week

Use the space below to provide any needed clarification related to Peer Mentors: