



This instrument is designed to collect information regarding students pursuing <u>teacher licensure</u> in Agricultural Education at your institution. For the first five items, please consider **only** the 2014-2015 licensed, program completers *(those who fulfilled licensure requirements between August 2014 and August 2015)*.

- 1. How many total **licensed**, **program completers** in Agricultural Education were produced by your program in the 2014-2015 academic year?
- 2. As of September 15, 2015, please indicate **confirmed and/or intended employment plans** for 2014-2015 licensed, program completers.
  - \_\_\_\_\_ Teaching school-based agriculture in this state
  - Teaching school-based agriculture out of state
  - \_\_\_\_\_ Teaching another subject
  - Agribusiness/Industry/Agency
  - \_\_\_\_ Extension/Non-formal agricultural education
  - Production agriculture/Farming
  - \_\_\_\_ Graduate school
  - \_\_\_\_ Military
  - \_\_\_\_ Other employment
  - Unemployed and/or Undecided
  - \_\_\_\_ Unknown
  - **\_\_\_\_\_ TOTAL** (Please ensure this equals the number of graduates reported above.)

*If "Other employment" was selected, please describe in the space below. Also address any other items needing clarification.* 

## 3. Indicate the licensure/degree received by 2014-2015 licensed, program completers.

	FEMALE	MALE
Licensure only, non-degree		
Undergraduate/Baccalaureate		
Post-baccalaureate (5th year program, no additional degree awarded)		
Graduate		

## 4. Please report the **race** of 2014-2015 licensed, program completers.

	FEMALE	MALE
American Indian/Alaska Native		
Asian		
African American/Black, Non-Hispanic		
Bi-racial/Multi-racial		
Hispanic/Latino		
Native Hawaiian/Other Pacific Islander		
White, Non-Hispanic		
Other		
Unknown		
TOTAL		

5. Looking to the future, how many **licensed**, **program completers** in Agricultural Education do you anticipate will be produced by your institution in...

 201	15-2016
201	16-2017
 201	17-2018

6. What **unique circumstances**, **challenges**, **or considerations** (*if any*) should be shared regarding your institution's efforts to prepare school-based Agricultural Education teachers?

When **2015-2016 annual supply data** is collected one year from now, will you be the appropriate contact? If NO, please indicate who should be contacted for this valuable information.

\_\_\_\_YES \_\_\_\_NO

If no, please indicate who: Name: Title: Email:

## Completed by:

State:	
Name:	
Title:	
Email:	
Phone:	