Delaware Department of Education

CTE & STEM Office

401 Federal Street, Suite 256

Dover, DE 19901

Phone: 302.735.4015

*\*\*Submit application via the CTE Portal on IMS\*\**

**DELAWARE CTE PROGRAM OF STUDY APPLICATION**

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| LOCAL EDUCATION AGENCY INFORMATION | | |
| **Local Education Agency (LEA):** | | |
| **School(s) where the Program of Study will be Located:** | | **Program of Study Start Date:** |
| **LEA CTE Coordinator Name:** **Phone:** **E-Mail Address:** | | |
| **Career Cluster Title:** | **Career Pathway Title:** | **Program of Study Title:** |
| **CTE Program of Study Course Titles & Sequence:** | | |
| **CTE Program of Study Request:**  State-model CTE Program of Study  Local CTE Program of Study | | |
| ASSURANCES & SIGNATURES | | |
| CTE Program of Study approval and funding is contingent upon the following assurances:   1. The LEA will comply with Delaware Administrative Code, 14 DE Admin. 525, Requirements for Career and Technical Education Programs and the Delaware State Plan for the Strengthening Career and Technical Education for the 21st Century Act (known as Perkins V); 2. The LEA will submit CTE program data as required by the Delaware Department of Education; 3. All teachers are certified in the appropriate CTE area and participate in program specific professional learning; 4. The LEA will convene and engage a program advisory committee for the purposes of program development, implementation, and continuous improvement; 5. All students have equal access to the program of study as well as early career/early college options; 6. Career and Technical Student Organizations are integral components of the program of study; 7. The LEA will maintain safe facilities and equipment aligned with the program of study goals; and 8. A process for continuous improvement has been established, which includes a model of evaluation and program improvement. | | |
| LEA CTE Coordinator Signature: Date: | | |
| LEA Chief School Officer Signature: Date: | | |

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| PROGRAM ADVISORY COMMITTEE MEMBER INFORMATION |
| Complete the list of program advisory committee members. Program of study representatives should include, but are not limited to: CTE and academic teachers, CTE/curriculum district coordinators, school counselors, business and industry representatives, labor representatives, and post-secondary partners. Community stakeholders including parents and students can also be considered. *Attach additional information if applicable*. |
| Name: Title: |
| Affiliation: |
| Address: |
| Phone: E-Mail: |
| Area of Expertise: |
| Representing:  Business/Industry  Secondary Education  Post-Secondary Education  Community/Other |
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| Name: Title: |
| Affiliation: |
| Address: |
| Phone: E-Mail: |
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| Address: |
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| Area of Expertise: |
| Representing:  Business/Industry  Secondary Education  Post-Secondary Education  Community/Other |
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| LABOR MARKET DEMAND |
| Certify that a labor market needs analysis has been completed for the proposed CTE program of study. Attach the [*Labor Market Information (LMI) Review*](http://www.doe.k12.de.us/Page/435) document. |
| Access the [*Labor Market Information (LMI) Review*](http://www.doe.k12.de.us/Page/435) document.  The LEA certifies that regional, state, and local labor market data have been reviewed to assure a demand exists for the POS occupations and that the number of POS completers will not significantly exceed this demand. Department of Labor data are available and/or documented. Supporting evidence of supply and demand is submitted with this proposal.  No data exist for POS due to a unique labor market demand. Supporting evidence of demand is submitted with this proposal. Evidence may include, but is not limited to: real-time labor market information, documentation of national, regional, state, or local labor trends, or letters from employers or workforce agencies documenting projected employment specific to the career pathway. |

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| ACADEMIC AND TECHNICAL SKILL STANDARDS |
| List the academic, technical, and workplace skills and knowledge used to develop the program of study. |
| **Title and source of academic standards:** |
| **Title and source of technical skill standards:** |
| **Title and source of workplace or other skill standards, as applicable:** |

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| EARLY CAREER AND EARLY COLLEGE OPPORTUNITIES |
| Identify CTE program of study early career opportunities, industry-recognized certifications and licenses, options for early college credit, two- and four-year degree and certification program alignment, and the technical skill attainment measures for the program of study. *Attach articulation/dual enrollment agreement(s)*. |
| **Describe early career opportunities (i.e. work-based learning experiences and industry-mentored projects):** |
| **List industry-recognized certifications and/or licenses, as appropriate (include the partner organization and credential):** |
| **Describe early college credit options (i.e. advanced placement, dual enrollment, transcripted and/or articulated credit, credit by exam, pre-apprenticeship, other) and options for two- and four-year degree and/or certification program alignment (attach articulation/dual enrollment agreement). The partner organization and hours of credit earned should be included, as applicable:** |
| **List technical skill attainment measures for the program of study (i.e. industry recognized certification or license, advanced placement, dual enrollment, transcripted and/or articulated credit, dual enrollment, credit by exam):**  Certification/credentialing exam (specify):  Licensing exam (specify):  Nationally recognized exam (specify):  Advanced standing (specify):  Other (specify): |

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| POS OVERVIEW, COURSE DESCRIPTIONS, END-OF-COURSE, AND PROGRAM ASSESSMENTS |
| Provide a CTE program of study overview that broadly describes the program and student expectations. Identify end-of-program assessment(s) and opportunities for students to participate in early college and early career experiences. List each course title in the CTE program of study. Provide an overview of each course and define what students should know and be able to demonstrate upon completion of each level. Identify appropriate end-of-course assessment(s). |
| **CTE Program of Study Overview:** |
| **End-of-Program Assessment(s):**  Certification/credentialing exam (specify):  Licensing exam (specify):  Nationally recognized exam (specify):  Other (specify): |
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| **Course title:** |
| **Course description (include prerequisites):** |
| **Course knowledge and skills (what students will know and be able to do):** |
| **End-of-Course Assessment(s):**  Teacher designed assessment  LEA designed assessment  State designed assessment  Certification/credentialing exam (specify):  Licensing exam (specify):  Nationally recognized exam (specify):  Other (specify): |
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| **Course description (include prerequisites):** |
| **Course knowledge and skills (what students will know and be able to do):** |
| **End-of-Course Assessment(s):**  Teacher designed assessment  LEA designed assessment  State designed assessment  Certification/credentialing exam (specify):  Licensing exam (specify):  Nationally recognized exam (specify):  Other (specify): |
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| **Course description (include prerequisites):** |
| **Course knowledge and skills (what students will know and be able to do):** |
| **End-of-Course Assessment(s):**  Teacher designed assessment  LEA designed assessment  State designed assessment  Certification/credentialing exam (specify):  Licensing exam (specify):  Nationally recognized exam (specify):  Other (specify): |

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| PROGRAM OF STUDY CURRICULUM |
| Identify the method of technical and academic curriculum development (adopted, adapted, or developed in accordance with guidance from the program advisory committee). |
| **POS technical and academic curriculum will be:**  Adopted (specify source):  Adapted (specify source):  Developed locally (describe):  Other (specify): |

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| TEACHER CERTIFICATION |
| Provide valid teacher certification(s), candidate experience, pre-requisite and requisite licensure or certification requirement(s) for POS teachers. |
| **POS teacher requirements include:**  Teacher certification(s) (list):  Candidate experience (describe):  Pre-requisite professional licensure or certification requirement(s) (list):  Requisite professional licensure or certification requirement(s) (list):  Professional Licensure or Certification Credit Equivalency (list):  Other (describe): |

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| VALUE-ADDED OPPORTUNITIES |
| List extended early career and college credit opportunities available during the student’s senior year. Document transition services, cooperative learning experiences, additional dual enrollment, or other. |
| **Opportunities for extended and accelerated learning include:**  Cooperative education (describe):  Structured internship (describe):  Dual enrollment (list):  Advanced Placement (list):  Transition services (describe):  Other (describe): |

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| CAREER AND TECHNICAL STUDENT ORGANIZATIONS |
| Indicate the Career and Technical Student Organization (CTSO) affiliation by checking the appropriate box. |
| BPA  FFA  DECA  HOSA  FCCLA  SkillsUSA  Educators Rising  TSA |

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| PROGRAM OF STUDY MATRIX |
| Complete the program of study matrix to demonstrate the alignment of academic and technical courses, culminating early career and/or early college experiences. Identify appropriate certification and licensure options, opportunities for obtaining early college credit (courses with articulated or dual enrollment credit agreements should be appropriately designated within the matrix), the post-secondary program sequence, and potential career options. *Attach the Program of Study Matrix*. |
| Access the [Program of Study Matrix](http://www.doe.k12.de.us/domain/384). |

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| DEPARTMENT OF EDUCATION PROGRAM OF STUDY APPROVAL | | |
| The following section will be completed by staff from the Delaware Department of Education, CTE & STEM Office and reported to the LEA as part of the CTE program of study approval process. | | |
| **Date Delaware CTE Program of Study Application Received:** | | |
| **Local Education Agency (LEA):**    **School(s):** | | **Program of Study Start Date:** |
| **LEA CTE Coordinator Name:** **Phone:** **E-Mail Address:** | | |
| **Career Cluster & Code:** | **Career Pathway & Code:** | **Program of Study Title & Code:** |
| **CTE Program of Study Course Titles, Course Codes, and Funding Levels:**  1. Course Name/Course Code/Funding Level:  2. Course Name/Course Code/Funding Level:  3. Course Name/Course Code/Funding Level: | | |
| **CTE Concentrator/Completer Course Titles:**  Concentrator Course:  Completer Course: | | |
| **CTE Program of Study Request:**  State-model CTE Program of Study  Local CTE Program of Study | | |
| **CTE Program of Study Attachments:**  Labor Market Information (LMI) Review;  Articulation/Dual Enrollment Agreement(s); and  Program of Study Matrix. | | |
| DDOE CTE & STEM Director Signature: Date: | | |
| DDOE Chief Academic Officer Signature: Date: | | |