**Career and Technical Education**

**New York State Education Department**

**Detail Forms: Part 2**

Please submit these forms and supporting documents in PDF format with Part 1 of the application for CTE program approval/re-approval. In order to fill in check boxes, please either double click them or delete them and replace them with a “X.”

**C. Self-Study**

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| Provide a brief description of the self-study process used in preparation for approval/re-approval.  Describe how current labor market data has informed program design and choice of technical assessment. (For labor market trends, see the [federal Career Onestop website](https://www.careeronestop.org/Toolkit/Careers/Occupations/occupation-profile.aspx).) | |
| Final Self Study Report and/or meeting minutes are attached and include a description of the program of study and discussions/findings of the following program components:   * Program Content * Work Based Learning * Employability Profile * Technical Assessment * Articulation Agreement and, if applicable, affiliation agreement * Faculty Certification and, if applicable, professional licensures |  |

Please list the Self-Study committee members below. Please [reference Implementation Guide to CTE Program Approval](http://www.nysed.gov/career-technical-education/guidelines-cte-program-approval) for self-study committee composition.

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| Name | Title | Organization |
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**D. Program Content**

Document the CTE courses and academic courses that are offered in this program of study.

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| --- | --- | --- | --- | --- | --- |
| Course Title | Number of Credits | Course SCED Code | Type of Credit | | |
| CTE | Integrated | Specialized |
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Please identify the name of the standard used in aligning curriculum.

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|  | Standard(s) used |
| [NYS Learning Standards (CDOS)](http://www.nysed.gov/curriculum-instruction/career-development-and-occupational-studies-cdos-standards) |  |
| Industry Standards |  |
| [Academic Standards](http://www.nysed.gov/curriculum-instruction/career-development-and-occupational-studies-cdos-standards) |  |

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| For re-approval applications, describe how the program has been updated since the program was last approved.  For programs delivered at BOCES, describe how these program updates have been communicated to component districts. |

**E. Work-Based Learning (WBL)**

In the space provided below, please identify the types of work-based learning experiences provided to students in this program and provide descriptions and examples of what students will be doing in each WBL experience (add rows as necessary).

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| --- | --- |
| Type of WBL experience | Description/examples of what students will be doing |
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| Provide a brief description of the annual WBL data collection process.  For health sciences programs, describe the supervised clinical experience. | |

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| Provide the name of the certified work-based learning coordinator(s) that will oversee registered WBL opportunities (if applicable). Add additional lines if necessary. | | | | |
| Name | Phone | | E-mail | |
|  |  | |  | |
|  |  | |  | |
| Provide the name of the person(s) responsible for data collection for the WBL experiences associated with this program. | | | | |
| Name | | Phone | | E-mail |
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**F. Employability Profile**

Include a copy of the employability profile used for this program of study which documents work related skills (e.g., 21st Century Skills, employability skills); technical skills (e.g., program specific student performance, knowledge and skills); endorsements/ certifications (e.g., ASE, AWS, Microsoft Office, etc.); and, if applicable licenses (e.g., Cosmetology, FAA, CNA) with your application documents.

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| Describe the process used to update and review the employability profile. | | | |
| Employability Profile is attached and inclusive of: | | | |
| Work Related Skills | Technical Skills | Endorsements/ Certifications | Licenses (if applicable) |
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**G. Technical Assessment**

Please identify the technical assessment to be used for the written examination, the student demonstration of technical skills (performance examination), and the locally developed project/portfolio and provide the rationale for each assessment chosen.

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| A. Written examination(s)  B. Student demonstration(s) of technical skills (performance)  C. Locally developed project/portfolio | |
| Exam blueprints are attached. |  |

**H. Postsecondary Articulation Agreement**

Include a copy of the signed and dated articulation agreement with your application documents. Be sure the articulation agreement clearly states the specific secondary program of study involved in the agreement.

The following articulation agreement(s) to benefit students are currently in effect between this program of study and the following institutions:

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| --- | --- | --- | --- | --- | --- | --- |
| Postsecondary Institution | Course Credit | Advanced Standing | Reduced Tuition | Other | Articulation  Effective Dates | Agreement Attached |
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| For health sciences programs, affiliation agreement is attached. | | | | | |  |

**I. Faculty Certifications**

Include a copy of the teacher certification(s) for each teacher identified within your application documents.

The following teachers serve as faculty in this program of study:  
(Please identify which specific courses within the program of study each faculty will be the teacher of record for. If the teacher will be teaching all courses in the program of study, please indicate such by writing “all courses” under the course title.)

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| --- | --- | --- | --- | --- |
| Teacher Name | Course Title | CTE or  Academic | NYS Teacher Certification | Certification  Attached |
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| For appearance enhancement, barbering, and health sciences programs, a copy of the faculty members’ current professional license is attached. | | | |  |

**J. External Review Committee**

Please list the External Review Committee members below. Please [reference Implementation Guide to CTE Program Approval](http://www.nysed.gov/career-technical-education/guidelines-cte-program-approval) for external review committee composition. The committee members below have approved the content of this program and the number and distribution of CTE and course academic credits listed in this application.

Acceptable signatures:

Physical signatures and/or digital signatures are acceptable. If physical or digital signatures are not feasible, we will also accept a copy of an email from your review participants’ professional email account in which they identify/acknowledge the following:

1. their title/role in the review;   
2. their participation in the review; and   
3. feedback/suggestions for the program.

We would ask that you receive these emails and compile them with your application materials just as you would if you were submitting the signature sheet.

Industry Reviewers (Minimum of 2 Required):

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| --- | --- | --- | --- | --- |
| Member/Reviewer | Organization | Position Title | Signature | Date of  Review |
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Post-Secondary Reviewer (Minimum of 1 Required):

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| --- | --- | --- | --- | --- |
| Member/Reviewer | Organization | Position Title | Signature | Date of  Review |
|  |  |  |  |  |

Additional External Reviewers (add rows as necessary):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Member/Reviewer | Organization | Position Title | Signature | Date of  Review |
|  |  |  |  |  |
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For BOCES applicants: The following teachers reviewed the program content for which academic core credit (integrated or specialized) is requested. For each subject area, two certified teachers from at least two different component schools must have reviewed the content.

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| Teacher Name | School District | Certification Area(s) | Date of Review |
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| Provide a description of the external review committee recommendations based upon review of the self-study report. |

**Submission requirements**: Detail forms (Part 2) and supporting documentation must be sent in PDF format. E-mail these forms to: [emsccte@nysed.gov](mailto:emsccte@mail.nysed.gov).