**Career and Technical Education**

**New York State Education Department**

**Detail Form: Part 2**

Please submit this form and all supporting documents in PDF format as a single scan. In order to fill in check boxes, please either double click them or delete them and replace them with a “X.”

[**C. Self-Study**](http://www.nysed.gov/career-technical-education/self-study)

For schools that are interested, a [self-study template](https://www.nysed.gov/sites/default/files/programs/career-technical-education/self-study-template.docx) is available to aid in documenting the work of the self-study committee. Districts are not required to use the template and are welcome to develop and use their own instruments.

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| Please provide a description, or attach the self-study report, detailing the needs, adjustments, or modifications revealed by the self-study for each of the program components and how they informed decisions made regarding the program. Please detail any feedback provided by the self-study committee. If attaching a self-study report, please write “see self-study report” in the space below.  |
| 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) and [New York State Regional Projections](https://dol.ny.gov/statistics-2018-2028-long-term-regional-industry-projections).) |
| Final self-study report, meeting minutes, or [self-study template](http://www.nysed.gov/career-technical-education/self-study) (located at the bottom of the linked webpage) 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 the [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**](http://www.nysed.gov/career-technical-education/program-content)

Document the CTE courses and academic courses that are required in this program of study. Only stand-alone courses need to be included in this chart. SCED codes for integrated and specialized academics do not need to be provided. Please refer to the [NYSED Information and Reporting Services (IRS) Course Catalog](http://www.p12.nysed.gov/irs/courseCatalog/home.html) for SCED codes for courses.

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| Course Title | Course SCED Code | Number of NYSED Units of Credit |
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Please identify the name of the standards 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) (Please specify the CDOS Standards (1, 2, 3a, 3b) that are used) |  |
| [Industry Standards](http://www.nysed.gov/career-technical-education/program-content) (Standards specific to a particular industry or career cluster. A technical assessment blueprint is *not* considered to be industry standards). |  |
| [Academic Standards](http://www.nysed.gov/career-technical-education/program-content) (New York State Standards other than CDOS) |  |

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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)**](http://www.nysed.gov/career-technical-education/work-based-learning)

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

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| --- | --- |
| Type of WBL experience | Examples of what students will be doing  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |

Provide a brief description of the annual WBL data collection process.

For health sciences programs ONLY, describe the supervised clinical experience including activities and skills students perform while in the work-related field.

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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 |
|  |  |  |
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| 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**](http://www.nysed.gov/career-technical-education/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, etc.) 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**](http://www.nysed.gov/career-technical-education/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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| 1. Third party, industry-developed written examination(s):
2. Third party, industry-developed student demonstration(s) of technical skills (performance):
3. Locally developed project/portfolio:
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| Exam blueprints are attached. | [ ]   |

[**H. Postsecondary Articulation Agreement**](http://www.nysed.gov/career-technical-education/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 and is signed by both parties. For health science programs, include signed and dated affiliation agreement(s).

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 | ArticulationEffective Dates | Agreement Attached |
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| For health sciences programs, current affiliation agreement(s) attached. | [ ]  |

[**I. Faculty Certifications**](http://www.nysed.gov/career-technical-education/program-faculty)

Please identify and include a copy of the teacher certification(s) for each CTE, academic, and Career and Financial Management (CFM) teacher providing instruction in this program of study.

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.

To look up the certification and [registration status](https://www.highered.nysed.gov/tcert/pdf/registrationtable.pdf) of program faculty, please check the [teacher certification lookup tool](https://eservices.nysed.gov/teach/certhelp/search-cert-holder).

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| Teacher Name | Course Title | NYS Teacher Certification | [Teacher is Registered Active (If Permanently or Professionally Certified](https://www.highered.nysed.gov/tcert/resteachers/registration.html) |
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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**](http://www.nysed.gov/career-technical-education/external-review)

Please list the External Review Committee members below. Please reference the [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(a change in font is not an acceptable signature).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 (A minimum of two from the industry with which the program is affiliated are required):

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| Member/Reviewer | Organization | Position Title | Signature | Date ofReview |
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Post-Secondary Reviewer (A minimum of one required):

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| Member/Reviewer | Organization | Position Title | Signature | Date ofReview |
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Academic Reviewers (For programs seeking integrated and specialized credit only—two certified teachers from each content area in which credit is sought are required to review the academic content. For BOCES, these teachers must be from at least two different component districts.)

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| Member/Reviewer | Organization | Position Title | Signature | Date ofReview |
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Additional External Reviewers (add rows as necessary):

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| --- | --- | --- | --- | --- |
| Member/Reviewer | Organization | Position Title | Signature | Date ofReview |
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| Provide a description of the external review committee recommendations based upon review of the self-study report. |

**Submission requirements**: Detail form (Part 2) and all supporting documents must be emailed to emsccte@nysed.gov in **PDF format as a single scan**.