**Career and Technical Education**

**New York State Education Department**

**Re-approval Application for Programs Expiring June 30, 2024: Part 1**

To prevent a lapse in program approval, a complete re-approval application must be submitted by the program’s expiration date.

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| A. Program Information | | | | | | | | | | | | | | | | | | |
| School district or BOCES: | | | | | Operational approval is **required** for appearance enhancement, barbering, and health sciences programs only. Has the program achieved operational approval status?  Yes No NA | | | | | | | | | | | | | |
| Program name: | | | | | CIP code: | | | | | | SED program number: | | | | | | | |
| Program site(s) (Please identify all locations where program content is delivered): | | | | | BEDS building code(s) (Please list codes for all buildings in which program content is delivered): | | | | | | | | | | | | | |
| Contact name:        Contact address:      ,       ,        Contact phone:  Contact fax:  Contact e-mail address: | | | | | Contact information to be posted on SED’s website (if different)  Contact name:        Contact phone:  Contact fax:  Contact e-mail address: | | | | | | | | | | | | | |
| B. Program Data | | | | | | | | | | | | | | | | | | |
| Coursework | Technical Assessment | | | | | | | | | | | | Technical Endorsement | | | | | |
| How many students have completed the coursework for this program of study since it was last approved or re-approved? Please indicate totals by program year. | Of the total number of students who have completed the coursework, how many students completed the technical assessment used in this program? | | | Of the total number of students who have completed the technical assessment, how many passed? | | | | | | | | | How many students received a technical endorsement? | | | | | |
| 2019-2020 | 2019-2020 | | | 2019-2020 | | | | | | | | | 2019-2020 | | | | | |
| 2020-2021 | 2020-2021 | | | 2020-2021 | | | | | | | | | 2020-2021 | | | | | |
| 2021-2022 | 2021-2022 | | | 2021-2022 | | | | | | | | | 2021-2022 | | | | | |
| 2022-2023 | 2022-2023 | | | 2022-2023 | | | | | | | | | 2022-2023 | | | | | |
| Cumulative Total | Cumulative Total | | | Cumulative Total | | | | | | | | | Cumulative Total | | | | | |
| Of the total number of students who have completed the coursework for this program of study, how many had IEPs? | Of the total number of students who have completed the coursework and completed the technical assessment, how many had IEPs? | | | Of the total number of students with IEPs who completed the technical assessment, how many passed? | | | | | | | | | Of those students who received the technical endorsement, how many had IEPs? | | | | | |
| 2019-2020 | 2019-2020 | | | 2019-2020 | | | | | | | | | 2019-2020 | | | | | |
| 2020-2021 | 2020-2021 | | | 2020-2021 | | | | | | | | | 2020-2021 | | | | | |
| 2021-2022 | 2021-2022 | | | 2021-2022 | | | | | | | | | 2021-2022 | | | | | |
| 2022-2023 | 2022-2023 | | | 2022-2023 | | | | | | | | | 2022-2023 | | | | | |
| Cumulative Total | Cumulative Total | | | Cumulative Total | | | | | | | | | Cumulative Total | | | | | |
| Of the total number of students who have completed the coursework for this program of study, how many had Section 504 plans? | Of the total number of students who have completed the coursework and completed the technical assessment, how many had Section 504 plans? | | | Of the total number of students with Section 504 plans who completed the technical assessment, how many passed? | | | | | | | | | Of those students who received the technical endorsement, how many had section 504 plans? | | | | | |
| 2019-2020 | 2019-2020 | | | 2019-2020 | | | | | | | | | 2019-2020 | | | | | |
| 2020-2021 | 2020-2021 | | | 2020-2021 | | | | | | | | | 2020-2021 | | | | | |
| 2021-2022 | 2021-2022 | | | 2021-2022 | | | | | | | | | 2021-2022 | | | | | |
| 2022-2023 | 2022-2023 | | | 2022-2023 | | | | | | | | | 2022-2023 | | | | | |
| Cumulative Total | Cumulative Total | | | Cumulative Total | | | | | | | | | Cumulative Total | | | | | |
| C. Self-Study | | | | | | | | | | | | | | | | | | |
| Complete the Self-Study Form C. | | | | | | | | | | | | | | | | | | |
| D. Program Content | | | | | | | | | | | | | | | | | | |
| Complete the Program Content Form D and the related information below. | | | | | | | | | | | | | | | | | | |
| How many total units of **credit** is this program of study? | | | | | | | | | | | | | | | | | | |
| How is the content of Career and Financial Management delivered?  This one-half unit of instruction is a required component of all CTE programs. | | | | | | | | | | | | | | Embedded | | | Stand-alone | |
| Which **integrated** units of credit are you seeking re-approval for in this application? | | None | | | | ELA | | Mathematics | | | | | | Science | | | Social Studies | |
| Which **specialized** units of credit are you seeking re-approval for in this application? | | None | | | | ELA | | Mathematics | | | | | | Science | | | Social Studies | |
| E. Work-Based Learning (WBL) | | | | | | | | | | | | | | | | | | |
| Complete the Work-Based Learning (WBL) Form E and the related information below for students in the cohorts reported in Section B in this approved program only. | | | | | | | | | | | | | | | | | | |
| Of the total number of students who have completed the coursework for this program of study, how many participated in work-based learning? | | 2019-2020 | | | | | 2021-2022 | | | | | | | | |  | | |
| 2020-2021 | | | | | 2022-2023 | | | | | | | | | Cumulative Total | | |
| Of the total number of students who have participated in work-based learning, how many participated in the following programs?  For clarification, see the [WBL manual](http://www.nysed.gov/career-technical-education/work-based-learning-wbl-programs). | | | | | | | | | | | | | | | | | | |
| **New York State Registered Program Enrollments**  **(include expiration date)** | | | **Unregistered WBL Experiences Enrollments** | | | | | | | | | | | | | | | |
| Cooperative CTE Work Experience Program (CO-OP) Expiration date: | |  | School-based enterprise | | | | | | |  | | Supervised clinical experience (Health Sciences ***requirement***) (please submit a copy of the current affiliation agreement(s) with application) | | | | | |  |
| Career Exploration Internship Program (CEIP)  Expiration date: | |  | Industry-based projects | | | | | | |  | |
| General Education Work Experience Program (GEWEP) Expiration date: | |  | Job shadowing | | | | | | |  | | Unregistered school-year/summer internships | | | | | |  |
| Community service/ volunteering | | | | | | |  | | Other (please explain) | | | | | | |
| F. Employability Profile | | | | | | | | | | | | | | | | | | |
| Complete the Employability Profile Form F. | | | | | | | | | | | | | | | | | | |
| **G. Technical Assessment** | | | | | | | | | | | | | | | | | | |
| Provide name of vendor, agency or consortium that developed the (A) written and (B) performance part of the technical assessment. Provide a brief description of (C) locally developed project/portfolio.  A. Third party, industry-developed written examination(s)  B. Third party, industry-developed student demonstration(s) of technical skills (performance)  C. Locally developed project/portfolio | | | | | | | | | | | | | | | | | | |
| Note: Consortium developed assessments are allowed only when no technical examination exists in a particular field; the assessment must include written examination(s), student demonstration(s) of technical skills and student project(s). Students must pass all three parts. | | | | | | | | | | | | | | | | | | |
| **H. Postsecondary Articulation Agreement** | | | | | | | | | | | | | | | | | | |
| Complete the Postsecondary Articulation Agreement Form H and the related information below. | | | | | | | | | | | | | | | | | | |
| With which postsecondary partner(s) do you have an articulation agreement? | | | | | | | | | | | | | | | | | | |
| What are the benefits to the student? | | College credit | | | Advanced standing | | | | Reduced tuition | | | | | | Other, please specify | | | |
| I. Faculty | | | | | | | | | | | | | | | | | | | |
| Complete the Faculty Certifications Form I. | | | | | | | | | | | | | | | | | | | |
| **J. External Review Committee** | | | | | | | | | | | | | | | | | | | |
| Complete the External Review Committee Form J. | | | | | | | | | | | | | | | | | | | |
| **K. Chief Administrator’s Certification** | | | | | | | | | | | | | | | | | | | |
| I hereby certify that all components of the Career and Technical Education Program reported herein are available to students upon approval of this application by the State Education Department. I certify that data on student progress and performance to evaluate student success on Regents examinations or approved alternatives, technical assessments, and placement in employment, the military or postsecondary education programs will be made available to the State Education Department upon request.  Name             Title       Date  Signature of Superintendent | | | | | | | | | | | | | | | | | | | |

**Submission requirements**: This application form (Part 1) must be submitted both electronically and as a mailed paper copy. This application form must be emailed to [emsccte@nysed.gov](mailto:emsccte@nysed.gov) as a **Microsoft Word document**.

A paper copy of this application form with **original signature of the superintendent** must be mailed to:

CTE Program Approval  
New York State Education Department  
Office of Career and Technical Education  
89 Washington Avenue, Room 315 EB  
Albany, New York 12234

09/13/2023