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| |  |  | | --- | --- | | ode_logo_print_LIGHT Background Office of Educational Improvement and Innovation Public Service Building  255 Capitol Street NE  Salem, OR 97310-0203  503-947-5600  Fax 503-378-5156  [ODE CTE Site](file://odefs/EII/A-3%20SPST/Webdocs/RDodge/ProgramsStudy/2018/ODE%20CTE%20Site) | 11NASD-014_Oregon_StackR | | Community Colleges & Workforce Development Logo Oregon Department ofCommunity Colleges andWorkforce Development Public Service Building  255 Capitol Street NE  Salem, OR 97310-0203  503-378-8648  Fax 503-378-3365  [CCWD/HECC Program Approval](http://www.odccwd.state.or.us/prgapproval/) |

### Career and Technical Education

### Regional Program of Study Renewal

### 2018 Version

### Due: June 29, 2018

|  |
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| Step 1 –ODE specialists will review any Renewal Applications based on course information contained in the Course-to-Standards Matrix,  so please be sure those matrices are complete and accurate.) *See last step below.*  Step 2 – Complete this ***2018 CTE POS Renewal form*** (make sure all items are complete)   1. Program ID Page (Page 1 of this Form) complete 2. Provide a link to Career Pathway visual (on Page 1 below 3. Complete CTE Course-to-Standards Crosswalk Matrix (use one of the [ODE Cluster templates](http://www.ode.state.or.us/search/page/?id=3584), or a similar local form); attach matrix to this ***2018 CTE POS Renewal* *form*** 4. Indicate on the Matrix (above) those courses that trigger the Technical Skill Assessment(s); identify the TSA on Page 1 of this ***2018 CTE POS Renewal form*** 5. Enclose evidence of Student Support Services that are specific to this CTE POS (see next page) 6. Print out Assurances page, secure signatures, and scan as separate file to this ***2018 CTE POS Renewal form***   Step 3 – Submit this ***2018 CTE POS Renewal form*** and attachments to Regional Coordinator for field approval  Step 4 – CTE Regional Coordinator: Review and field approve appropriately completed ***2018 CTE POS Renewal form*** and attachments  Step 5 – Forward appropriately completed and field approved ***2018 CTE POS Renewal form*** and attachments to ODE at this  email address: [POS.Application@state.or.us](mailto:POS.Application@state.or.us?subject=POS%20Application) . (Use the [FTP process](https://district.ode.state.or.us/apps/xfers/) for large files.) **DEADLINE: June 29, 2018.** |

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| Regional CTE POS—Title: |  |

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| **Career Area**: |  |
| **Cluster Area**: |  |
| Focus Area (if applicable): |  |
| Secondary CIP Code: [(Link to CIP website)](http://nces.ed.gov/ipeds/cipcode/browse.aspx?y=55) | (6 digit) |
| Community College CIP Code: [(Link to CIP website)](http://nces.ed.gov/ipeds/cipcode/browse.aspx?y=55) | (6 digit) |

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| **Secondary Technical Skill Assessment (TSA):** Use the code from [this table](http://www.ode.state.or.us/apps/oss/tests.aspx) for your selected TSA. |  |

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| **CC Technical Skill Assessment (TSA):** Use the code from [this table](http://www.ode.state.or.us/apps/oss/tests.aspx) for your selected TSA. |  |

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| **Primary Oregon Community College Name:** (Contact [POS.Application@state.or.us](mailto:POS.Application@state.or.us?subject=POS%20Application) to add multiple colleges) |  |
| College Point of Contact: |  |
| Community College CTE Program Title: |  |
| Community College Award: |  |
| **Visual/Roadmap:** (Insert link, or identify location where sample of visual can be found) |  |

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| ***Regional Coordinator/Contact:*** |  |

**Secondary Schools**

|  |  |  |
| --- | --- | --- |
| **1st Secondary School Name:** |  | |
| Secondary School District: |  | |
| Secondary School ID Number: ([Link to ID lookup](http://www.ode.state.or.us/instID/)) |  | |
| Secondary teacher: |  | |
| Teacher CTE Endorsement: |  | |
| Secondary/Post-secondary CTE POS **Visual/Pathway Map Hyperlink:**  (if different than the post-secondary above) |  | No link, but secondary/post-secondary visual included in Addendum B |

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| **2nd Secondary School Name:** |  | |
| Secondary School District: |  | |
| Secondary School ID Number: ([Link to ID lookup](http://www.ode.state.or.us/instID/)) |  | |
| Secondary teacher: |  | |
| Teacher CTE Endorsement: |  | |
| Secondary/Post-secondary CTE POS **Visual/Pathway Map Hyperlink:**  (if different than the post-secondary above) |  | No link, but secondary/post-secondary visual included in Addendum B |

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| **3rd Secondary School Name:** |  | |
| Secondary School District: |  | |
| Secondary School ID Number: ([Link to ID lookup](http://www.ode.state.or.us/instID/)) |  | |
| Secondary teacher: |  | |
| Teacher CTE Endorsement: |  | |
| Secondary/Post-secondary CTE POS **Visual/Pathway Map Hyperlink:**  (if different than the post-secondary above) |  | No link, but secondary/post-secondary visual included in Addendum B |

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| **4th Secondary School Name:** |  | |
| Secondary School District: |  | |
| Secondary School ID Number: ([Link to ID lookup](http://www.ode.state.or.us/instID/)) |  | |
| Secondary teacher: |  | |
| Teacher CTE Endorsement: |  | |
| Secondary/Post-secondary CTE POS **Visual/Pathway Map Hyperlink:**  (if different than the post-secondary above) |  | No link, but secondary/post-secondary visual included in Addendum B |

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| **5th Secondary School Name:** |  | |
| Secondary School District: |  | |
| Secondary School ID Number: ([Link to ID lookup](http://www.ode.state.or.us/instID/)) |  | |
| Secondary teacher: |  | |
| Teacher CTE Endorsement: |  | |
| Secondary/Post-secondary CTE POS **Visual/Pathway Map Hyperlink:**  (if different than the post-secondary above) |  | No link, but secondary/post-secondary visual included in Addendum B |

**Secondary Schools (continued)**

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| **6th Secondary School Name:** |  | |
| Secondary School District: |  | |
| Secondary School ID Number: ([Link to ID lookup](http://www.ode.state.or.us/instID/)) |  | |
| Secondary teacher: |  | |
| Teacher CTE Endorsement: |  | |
| Secondary/Post-secondary CTE POS **Visual/Pathway Map Hyperlink:**  (if different than the post-secondary above) |  | No link, but secondary/post-secondary visual included in Addendum B |

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| **7th Secondary School Name:** |  | |
| Secondary School District: |  | |
| Secondary School ID Number: ([Link to ID lookup](http://www.ode.state.or.us/instID/)) |  | |
| Secondary teacher: |  | |
| Teacher CTE Endorsement: |  | |
| Secondary/Post-secondary CTE POS **Visual/Pathway Map Hyperlink:**  (if different than the post-secondary above) |  | No link, but secondary/post-secondary visual included in Addendum B |

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| **8th Secondary School Name:** |  | |
| Secondary School District: |  | |
| Secondary School ID Number: ([Link to ID lookup](http://www.ode.state.or.us/instID/)) |  | |
| Secondary teacher: |  | |
| Teacher CTE Endorsement: |  | |
| Secondary/Post-secondary CTE POS **Visual/Pathway Map Hyperlink:**  (if different than the post-secondary above) |  | No link, but secondary/post-secondary visual included in Addendum B |

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| **9th Secondary School Name:** |  | |
| Secondary School District: |  | |
| Secondary School ID Number: ([Link to ID lookup](http://www.ode.state.or.us/instID/)) |  | |
| Secondary teacher: |  | |
| Teacher CTE Endorsement: |  | |
| Secondary/Post-secondary CTE POS **Visual/Pathway Map Hyperlink:**  (if different than the post-secondary above) |  | No link, but secondary/post-secondary visual included in Addendum B |

**Regional CTE POS Course Lists—Secondary**

**Please list the CTE Program of Study Secondary Courses in which the CTE teacher will:**

* **Teach with intent and purpose the CTE POS knowledge and skills identified in the CTE POS Skill Set**
* **Assess and record student achievement of those standards**
* **If courses differ among the secondary schools, list them in groups by school in the order of schools entered on the cover page, using that**

**number (1st, 2nd, 3rd, etc.) in the School Course number box (e.g., course 1210 at the 2nd listed school would be shown as 2-1210 in the**

**School Course box below; course 235 at the 3rd school listed would be shown as 3-235, etc.). Remember to group by school!**

* **Additional courses may be listed (and supported with Perkins funds) if they support the identified skill set; do not mark those as “TSA**

**Required”**

* **If you need help adding additional lines to the matrix below in order to list more courses, please contact Kenzie Mozejko at**

[POS.Application@state.or.us](mailto:POS.Application@state.or.us?subject=POS%20Application)**.**

Secondary Core CTE Courses **(Please be complete; this information will be entered into the CTE Program Update database and all fields are required)**

|  |  |  |  |  |  |  |  |  |
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| **TSA\***  **Required** | **School Course #** | **Secondary Course Name** | **# of**  **Credits** | **5-digit**  **NCES Code** | **Course Description (brief)**  **(boxes below will expand)** | **Articulating College**  **(if applicable)** | **College**  **Course #** | **College Course Name** |
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***\*TSA required—Technical Skill Assessment required course—required courses that, when completed, trigger TSA assessment eligibility for the student***

**Regional CTE POS Course Lists—Post-Secondary**

Post-secondary Core CTE Courses:

* ***Enter the name of the college program that is the postsecondary component of this POS***
* ***Select the highest level of this component offered by the college***
* ***List only the courses included in the Course/Skill Set crosswalk matrix***
* ***Make duplicates of this page for additional colleges.*** (Contact [POS.Application@state.or.us](mailto:POS.Application@state.or.us?subject=POS%20Application) to add multiple colleges)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Certificate or Degree Program** | | Enter name of college program | **Degree or Certificate:** |  | | |
| **College Course #** | **Post-Secondary Course Name** | | | | **Number of**  **Credits** | **\*College Now?** |
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***\* CN = College Now—course identification as College Now (or articulated courses)***

**Course-to-Skill Set Crosswalk/Matrix**

Please use the Excel spreadsheet posted online at ([Skill Sets Matrices Page](http://www.ode.state.or.us/search/results/?id=225)) (**or** use one you’ve created locally) to crosswalk the identified skill set to the listed secondary and post-secondary courses.

* You may use the same matrix for both secondary and post-secondary courses.
* It is only required to map courses to the standards (Knowledge and Skill Statements); it is not necessary to map the performance indicators, duties, or tasks.
* Be sure to identify the selected skill set in your matrix.
* If your selected skill set is not from the [Oregon Skill Sets](http://www.ode.state.or.us/search/results/?id=271) website, please identify its origin and how it was industry validated.

Secondary: ***(check this box to indicate secondary course-to-skills crosswalk is complete and attached)***

Post-secondary: ***(check this box to indicate post-secondary course-to-skills crosswalk is complete and attached)***

***Student Support Services***

**Directions:**

1. Complete the Expectations section below as evidence of the secondary (**Sec**) and postsecondary (**Psec**) Student Support Services that you provide specifically for students studying in this CTE Program of Study - and/or -
2. Enclose (as links in the Comments box below or as attachments) documents that demonstrate Student Support Services that you provide specifically for students studying in this CTE Program of Study (both **Sec** and **Psec**)

**Expectations**

*Check the applicable boxes below that indicate the Student Support Services you provide for students studying in this CTE Program of Study. (Boxes not checked should be explained in the Comments box below.)*

|  |  |  |
| --- | --- | --- |
| **Sec** | **Psec** | **Student Services Provided** |
|  |  | Students receive information, guidance, and/or counseling specific to this CTE Program of Study, including career and job market information, and college program information. |
|  |  | Students participate in CTE POS specific career related learning experiences or related work experience. |
|  |  | Students’ education planning is developed around information specific to this CTE Program of Study. |
|  |  | Extended application projects or capstone experiences are developed within the context of this CTE Program of Study. |
|  |  | Written information is provided to all students in this CTE Program of Study informing them of available articulated college (or university) credits, dual credit, expanded options, scholarships, and other postsecondary opportunities. |
|  |  | Efforts are made to provide information to students who are considered non-traditional by gender to the occupations resulting from this CTE Program of Study. |
|  |  | Access and recruitment to courses in this CTE POS are provided for all students including, but not limited to all Oregon and federal protected classes. |
|  |  | Accommodations are made to assure students with special needs can participate in this CTE POS. |
|  |  | Assistance is provided for students wishing to participate in this CTE POS for whom English is not their native language. |

**Evidence**

*During an ODE/CCWD audit, you may be asked for documentation or evidence of meeting the expectations listed above. Indicate where documentation may be found by providing links in the Comments box below, or by describing where documentation is kept, or by attaching documents to this* ***2017 CTE POS Renewal form****.*

|  |  |  |
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| **Sec** | **Psec** | **Evidence/documentation location (check those that apply)** |
|  |  | Links to documentation are included in Comments box below |
|  |  | Description of where documentation can be found is included in Comments box below |
|  |  | Actual Student Support Services documents are attached to this ***2018 CTE POS Renewal form*** |

**Comments**:

*(In the box below, please: 1) include links to any online documentation; 2) please include identification of the* ***Technical Skill Assessment(s) (TSA)*** *identified for this CTE POS—secondary and postsecondary; 3) finally, use this comment box to explain missing checkboxes from the* ***Expectations*** *matrix above.)*

*Enter comments here*

**Certification of Assurance**

Directions: **After filling in all the appropriate fields in this form**, print out a copy of this Certification of Assurance page and acquire all the appropriate signatures. All signatures must be on one form. Scan completed Assurance form and include with this application.

**One Assurance document is needed for each secondary school. Have post-secondary administrator sign first, then copy and replicate for each high school.**

|  |  |
| --- | --- |
| **Name of CTE POS** | Enter Name of CTE POS |
| **Names of Secondary Schools** (Contact [POS.Application@state.or.us](mailto:POS.Application@state.or.us?subject=POS%20Application)for help in adding additional schools) | Enter Name of Secondary School Enter Name of Secondary School  Enter Name of Secondary School Enter Name of Secondary School  Enter Name of Secondary School Enter Name of Secondary School  Enter Name of Secondary School Enter Name of Secondary School |
| **Name of Primary Community College** (Contact [POS.Application@state.or.us](mailto:POS.Application@state.or.us?subject=POS%20Application) to add multiple colleges) |  |

|  |  |  |
| --- | --- | --- |
| **SECONDARY LOCAL SUPPORT and CERTIFICATE OF ASSURANCE** | I have reviewed this program application document for clarity, completeness and adherence to program quality standards, and support its approval. I agree that the CTE program area requirements for secondary CTE programs, including appropriate CTE certification for teachers, the rules and regulations for Public Law 101-392, and the requirements contained in the Oregon State Plan for Career and Technical Education will be complied with in the operation of the CTE programs and services offered by the district or through contract between the district and other agencies, institutions, or individuals. I agree to furnish CTE program data as requested by the Oregon Department of Education. | |
| **Secondary School District Administrator Signature** |  | **Date:** |
| **Administrator’s Name** | Enter Local Administrator’s Name |  |

|  |  |  |
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| **LOCAL SUPPORT and CERTIFICATE OF ASSURANCE** | The program advisory committee has been involved in the design and development of this program. | |
| **Advisory Committee Signature** |  | **Date:** |
| **Advisory Committee Member’s name** | Enter Advisory Committee Member's Name |  |

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| **POST-SECONDARY LOCAL SUPPORT AND CERTIFICATE OF ASSURANCE** | This community college has been involved in the design and development of this CTE program of study and agrees to continue collaboration meeting all 4 Core including alignment and articulation and reliable and valid technical skills assessment. | (Contact [POS.Application@state.or.us](mailto:POS.Application@state.or.us?subject=POS%20Application) to add signature boxes for multiple colleges) |
| **Community College Administrator’s Signature** |  | **Date:** |
| **CC Administrator’s Name** | Enter CC Administrator's Name |  |

For Regional Coordinator Use Only

**Recommended Status:**

**RECOMMENDED FOR STATE APPROVAL (Perkins Eligible) Expiration Date:**

**DISAPPROVED (and returned for revision)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Regional Coordinator Signature**

For ODE Use Only

**Approval Status:**

**FINAL ODE APPROVAL (Perkins Eligible) Expiration Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

**EII Education Specialist Signature**

***Submission Process***

**Instructions**

Submit complete electronic copies of the application materials by following this procedure:

1. **Do not send PDF applications. Please send in original Word format.**
2. **Be sure you are using the correct year’s application from** [**ODE’s website**](http://www.ode.state.or.us/search/results/?id=225)**.**
3. **Create a file (main folder) for storing all documents to be submitted**
4. **Title the folder using the name of the secondary school, the name of the Program of Study, and the year of submission, e.g., “OregonTownHSAccounting2018.”**
5. **Create subfolders clearly named for each Element’s Addendum that you are including with the application, e.g., “OregonTownHSAccounting2018Addendum1, “OregonTownHSAccounting2018Element1,”” or “OregonTownHSAccounting2018\_1StandardsContent.”**
6. **If submitting unique documents for individual schools in a Regional Application, create subfolders for each school within the appropriate Element’s Addendum folder, e.g., “OregonTownHS2018Addendum1.”**
7. **Place the completed POS Application and a scanned copy of the completed Assurance document in the main folder; put any other documents included with the application in their appropriate subfolders. (Please name documents and folders so that they are clearly identified.)**
8. **Each application needs to include a completed Assurance page with all signatures included on one form—please, no duplicate pages with partial signatures.**

**(For Regional Programs of Study, however, each secondary institution will need to have its own Assurance page; for those Regional applications, please secure Community College signatures first, then photocopy for each secondary partner and acquire secondary signatures; then scan and place all originals in the main POS folder with the application.)**

1. **Please be sure all required documents, links, and examples are in their appropriate folders before performing Step 8.**
2. **Prepare files for submission:**
   1. **Submit each POS application main folder with its subfolders one POS at a time.**
   2. **Use the electronic download process using ODE’s FTP portal. Go to the ODE Secure File Transfer site (**[**ODE FTP Site**](https://district.ode.state.or.us/apps/xfers/)**) and follow the online directions for sending your POS folder to** [POS.Application@state.or.us](mailto:POS.Application@state.or.us?subject=POS%20Application)**. For technical help with this procedure, call Kenzie Mozejko—503-947-5636.**
   3. **Alternatively, you may save folders on a Jump Drive or CD-ROM and send to ODE, in care of: Kenzie Mozejko, Oregon Department of Education, PSB 2nd Floor, 255 Capitol St. NE, Salem, OR 97310.**

CTE Teacher: Submit complete electronic application materials to your CTE Regional Coordinator.

Regional Coordinator: Submit application and addenda using the FTP process described in 10 above, to this mailbox: [POS.Application@state.or.us](mailto:POS.Application@state.or.us?subject=POS%20Application) ). (Alternatively, using Step 10(c) above, a jump drive or CD ROM can be used to send files to ODE.)

***DEADLINE for submission: June 29, 2018***

***Early Bird deadline (assures feedback before teachers leave for the summer: April 30, 2018***

**Checklist before submitting:**

|  |  |
| --- | --- |
|  | All items on Page 1 of this form have been completed |
|  | The Career Pathway Map/Visual link has been included on Page 1, (showing both secondary and postsecondary partners) |
|  | The course-to-standards matrix for this CTE POS has been completed and attached |
|  | All courses that trigger the Technical Skill Assessment have been identified in the course-to-standards matrix |
|  | All student support services expectations (Page 2) have been addressed and any documentation has been linked or attached |
|  | Assurances document has been properly completed, signed, and attached and/or faxed |

**(You may delete this page before submitting this application.** To do so, you need to unlock the form, highlight everything on this page, delete, then re-lock the form and save.**)**

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