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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 Website](http://www.ode.state.or.us/go/cte/) | 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 Site](http://www.odccwd.state.or.us/prgapproval/) |

### Career and Technical Education

### Program of Study Renewal

### 2018 Version

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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 ***2017 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 attachment to this ***2018 CTE POS Renewal form***   (or fax to ODE – 503-378-5156, c/o Kenzie Mozejko)  Step 3 – Submit this ***2016 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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| CTE POS—Title: |  |
| **Career Area**: |  |
| **Cluster Area** (and CTE licensure) |  |
| 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 School Name:** | |  | |
| Secondary School District: | |  | |
| Secondary School ID Number: ([Link to ID lookup](http://www.ode.state.or.us/instID/)) | |  | |
| **Secondary Teacher Name:** | **Email** | | **Current CTE License** |
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| **CC Technical Skill Assessment (TSA):** Use the code from [this table](http://www.ode.state.or.us/search/page/?=2441) for your selected TSA. |  |

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| **Secondary Technical Skill Assessment (TSA):** Use the code from [this table](http://www.ode.state.or.us/search/page/?=2441) 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: |  |

|  |  |
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| **Visual/Roadmap:** (Insert link, or identify location where sample of visual can be found) |  |

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

**CTE POS Course Lists—Secondary**

**Directions:**

**1)** Please list below the ***anticipated*** CTE Program of Study secondary courses in which the instructor will:

* Teach with intent and purpose the CTE POS knowledge and skills identified in the CTE POS Skill Set, and
* Assess and record student achievement of those standards

**2)** Mark as “TSA” those courses that ***will be*** necessary for students to take before they are required to take the Technical Skill Assessment for this

POS.

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

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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***

**CTE POS Course Lists—Post-Secondary (optional for Start-ups)**

Post-secondary Core CTE Courses:

* ***Enter the name of the anticipated college program that will be the postsecondary component of this POS***
* ***Select the highest level of this component offered by the college***
* ***List the courses anticipated to be included in the Course/Skill Set crosswalk matrix (entry level courses)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Certificate or Degree Program** | | Enter name of college program | |
| **Highest award available in Program:** | |  | |
| **College Course #** | **Post-Secondary Course Name** | | **Number of**  **Credits** | **Accelerated College Credit/College Now?** |
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***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 Service 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****.*

|  |  |  |
| --- | --- | --- |
| **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 ***2017 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. Submit signed Assurance form to Kenzie Mozejko at: [POS.Application@state.or.us](mailto:POS.Application@state.or.us?subject=POS%20Application)**.**

|  |  |
| --- | --- |
| **Name of CTE POS** | Enter Title of CTE POS (same as on Page 1) |
| **Name of Secondary School** | Enter Name of Secondary School |
| **Name of Community College** |  |

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| **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 109-270, 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 5 Core Elements, especially alignment and articulation and reliable and valid technical skills assessment. |  |
| **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)**

**DISAPPROVED (and returned for revision)**

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

**Regional Coordinator Signature**

For ODE/OCCWD Use Only

**Approval Status:**

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

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

**Education Specialist Signature**

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***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. **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.)**
6. **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 (**[**Link to 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 Ron Dodge—503-947-5653, or 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.**

***DEADLINE for submission: June 29, 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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