

FY2018 Perkins IV

Monitoring AND Risk assessment

SCHOOL NAME: Click here to enter text.

School Level

Section “B”

SELF-STUDY

Required School Level Documentation

**The following documentation should be available for review by the review team members during the on-site visit. The information should be organized in folders or notebooks for easy review. Each teacher should have a folder with the following information:**

1. **ANNUAL SUPPLY/EQUIPMENT BUDGET: A copy of the previous year’s supply/equipment budget and/or expenditures for your program.**
2. **CURRENT TEACHING CERTIFICATE: Include a copy of your current teaching certificate.**
3. **CAREER TECHNICAL STUDENT ORGANIZATION (CTSO) MEMBERSHIP ROSTER: A copy of the most recent CTSO membership roster for your program. List events attended and the number of participants attending each event.**
4. **DOCUMENTATION OF INDUSTRY CERTIFICATION: Provide documentation of program industry certification and indicate the date of expiration/re-certification.**
5. **ADVISORY COMMITTEE RECORDS: Provide agendas and minutes of the previous two year’s meetings. Include committee membership roster with business/organization affiliation identified.**
6. **PATHWAY COMPLETION/ASSESSMENT: Include the number of completers and number of assessments for each pathway offered in your program during FY2017.**
7. **PROFESSIONAL LEARNING: Include all workshop/training documentation from the CTAE Resource Network and all other professional learning activities for the past two years.**
8. **EQUIPMENT INVENTORY: Include a complete up-to-date inventory of equipment currently located in and used in your program.**

**High School**

**Section B**

SELF-STUDY FOR CAREER, TECHNICAL AND AGRICULTURAL EDUCATION PROGRAMS

(To be completed by high school CTAE teachers)

Submit only one B Section per program area (not per teacher)

**System Name:** Click here to enter text. **School Name:** Click here to enter text.

**Program Name:** Click here to enter text. **Number of program teachers:** Click here to enter text.

1. CLASSROOM/LAB

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| **Does the class schedule allow adequate time to teach your pathway content? Are multiple levels of students taught during the same class segment?** |
| Click here to enter text. |

1. CAREER RELATED EDUCATION

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| **Please give examples of how the following Career Related Education categories are addressed in your program.**   * **Career Awareness Activities:** Guest Speakers, Career Day/Fair, Industry Presentations, Field Trips, Transition Visits, etc. * **Career Exploration Activities:** Job Shadowing, Mock Interviews, Individual Advisement, Student Portfolios, Career Searches/Reports, etc. * **Instructional Related Activities:** Entrepreneurship Projects, School Based Enterprises, Clinical Experiences, etc. * **Connecting Activities**: Creating Business Partnerships, Articulation, Creating WBL placements for students in your program, etc. |
| Click here to enter text. |

1. PATHWAY COMPLETION

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| **Does your program offer students the opportunity to complete a pathway? If so, which pathway(s)? Are all courses needed for pathway completion offered within a two-year time frame? How many students completed each pathway in your program during FY2017? How many took an EOPA? What were the results?** |
| Click here to enter text. |

1. INDUSTRY CERTIFICATION

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| **Is your program Industry Certified? Which year was your program industry certified? If your program is not Industry Certified, describe your timeline for completing Industry Certification.** |
| Click here to enter text. |

1. PROFESSIONAL DEVELOPMENT

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| **What type of professional development activities for your program area were you involved in during the past twelve months? List national, state, regional, and/or local activities in which you participated.** |
| Click here to enter text. |

1. STUDENT ORGANIZATIONS

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| **Do you have a local/state/nationally affiliated Career Technology Student Organization (CTSO)? Do your students participate in local, state, or national leadership and/or competitive events?** |
| Organization Name: Click here to enter text.  Number of Students Enrolled in Your Program: Click here to enter text.  Number of Active CTSO Students on Your Membership Roster: Click here to enter text. |

1. CLASSROOM/LAB SAFETY

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| **How are safety guidelines taught and practiced your classroom and lab? Is safety an integral part of your instruction? How is safety reinforced in the classroom and lab? Are appropriate safety devices available for student use and protection? Is your lab neat and well-organized?** |
| Click here to enter text. |

1. EQUIPMENT/SUPPLIES/INVENTORY

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| **Do you receive adequate supplies to operate an effective program? What is the procedure for replacement of equipment in your classroom/lab? Do you receive an annual budget for supplies? Do you maintain an inventory of all equipment located in your lab/classroom? How do you dispose of unused or obsolete equipment or furniture?** |
| Click here to enter text. |

1. SPECIAL POPULATION STUDENTS

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| **How are the needs of special population students being addressed in your classroom and lab? Do you participate in the development of the IEP for students with disabilities? Do you attend IEP meetings for the students enrolled in your program?** |
| Click here to enter text. |

1. NONTRADITIONAL CAREERS

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| **What strategies do you use to recruit and maintain students in nontraditional career training? Can you identify any barriers that would prevent either gender from taking your program?** |
| Click here to enter text. |

1. ADVISORY COMMITTEES/INDUSTRY COLLABORATION

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| **Do you have a program specific Advisory Committee? If yes, how is your Advisory Committee involved with your program? How has it helped your program? Are the majority of the members from business or industry? Do you have related postsecondary and middle school representatives on your advisory committee?** |
| Click here to enter text. |

**High School Counseling**

**Section B-2**

SELF-STUDY FOR CAREER, TECHNICAL AND AGRICULTURAL EDUCATION PROGRAMS

[To be completed by guidance counselor(s)]

**School Name:** Click here to enter text.

CAREER GUIDANCE

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| **How does your career guidance program promote a seamless transition between middle school and high school, and between high school and post-secondary opportunities? Include major strategies and activities.** |
| Click here to enter text. |

CAREER CENTER

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| **Do you have a Career Center? If yes:**   * **How do students/staff/parents have access to the facility?** * **Where is the facility located in your building?** * **Who is responsible for continued support and development of the center to ensure resources and materials are current and relevant?** * **How is the center used to enhance your guidance and counseling program?** * **Is someone available to assist students/staff/parents in using the center?**   **If your school does not have a career center, how do you provide the students with career information?** |
| Click here to enter text. |

SPECIAL POPULATION STUDENTS

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| --- |
| **Briefly describe the counselor’s role in assuring CTAE program accessibility for special needs students (Title II, Title IX, Section 504).** |
| Click here to enter text. |

COLLEGE AND CAREER PLANNING

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| **Please describe your school’s process for college and career planning with each student. Please address the involvement of parents in updating the Individual Graduation Plan (IGP) and assisting their student in choosing a career pathway. How are career pathways and pathway completion promoted in your school?** |
| Click here to enter text. |

NONTRADITIONAL CAREER CHOICES

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| **Briefly describe the district/school procedure for determining disproportionate CTAE enrollment based on gender. What type of strategies does the system use to make students and parents aware of nontraditional program(s) and occupational opportunities? (Title IX)** |
| Click here to enter text. |

TITLE II/TITLE IX, SECTION 504

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| **Briefly describe the district’s/school’s process for reviewing resources, materials and promotional activities to ensure they do not create or perpetuate stereotypes or limitations based on race, color, national origin, sex or disability (Title II, Title IX, Section 504).** |
| Click here to enter text. |

PROFESSIONAL DEVELOPMENT

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| **What professional development activities sponsored by CTAE have you attended in the past two years?** |
| Click here to enter text. |