**FY22 LEA Self-Evaluation—RIDE Priorities for New Program Approval**

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| **LEA/School** |  |
| **Name of New Program** |  |
| **Name/Title of Person Submitting this form**  |  |
| **Signature of person submitting this form** |  |

**Directions**: LEAs must complete this self-evaluation rubric for each of the new programs for which they are seeking RIDE approval. *LEAs should be aware that a program scoring less than 20 points on this rubric will very likely mean that the program will not receive RIDE approval*.

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| **RIDE Top Priorities:** | **NO (0)** | **MOSTLY (2)** | **YES (4)** | **Points** |
| Is this program in a priority sector?  | It is not |  | It is  | \_\_\_ /4 |
| *Name of Priority Sector:* |
| Is this program aligned to approved field industry standard(s)  | It is not |  | It is | \_\_\_ /4 |
| *Name of CTEBOT standard:* |
| Does this program have a robust industry partnership(s) and/or school-specific advisories?  | No industry partnership or advisory is identified | At least one industry partnership or advisory is identified | Two or more industry partnerships or advisories (or a combination thereof) are identified | \_\_\_/4 |
| *Identify the name(s) of the partnership(s)/advisory(ies):* |
| Did you secure a letter of support from the CTEBOT career cluster advisory industry representative?  | No |  | Yes | \_\_\_/4 |
| *\*\*Attach the letter to this form* |
| **RIDE Priorities:** | **NO (0)** | **MOSTLY (1)** | **YES (2)** | **Points** |
| Is this program part of a career cluster with few existing programs in the state? | There are 8 or more of these programs already. | There are 3-7 of these programs already | There are 0-2 | \_\_\_/2 |
| *How many of these RIDE-approved programs currently exist in RI?* |
| Does this program address a geographic programming gap within your [transportation region?](https://www.ride.ri.gov/Portals/0/Uploads/Documents/CTE/Website%20materials%202021/Rhode_Island_Transportation_Regions.pdf?ver=2021-12-22-130045-397)  | There are already 2 or more of these programs within your transportation region  | There is 1 of these programs within your transportation region | There are none of these programs within your transportation region | \_\_\_/2 |
| *Identify the other LEAs within your transportation region? How many of these programs are already in existence within this region?* |

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| Is this an existing locally developed pathway that has a track record of student interest (3 years of enrollment preferrable) | 0 years of enrolled students | 1-2 years of enrolled students | 3 or more years of enrolled student |  \_\_\_/2 |
| If not existing, what is the evidence that there is student-driven demand and support from industry? | No evidence provided | Some evidence of student and industry support is provided | Strong and varied evidence from both students and industry shows demand |
| *\*\*Attach relevant evidence to this form* |
| Does this program have appropriately certified teachers (fully certified, non-emergency certification)?  | Identified teacher(s) are not certified, nor are they slated to enroll in a RIDE-approved certification program | Identified teacher(s) are not certified but are slated to enroll in a RIDE-approved certification program | Identified teacher(s) are currently fully certified  | \_\_\_/2 |
| *Indicate the name(s) of the teacher(s) and their RIDE certification numbers/proof of enrollment:*  |
| Does this program have a clear connection to middle school programming? | No connection to middle school is described nor evidenced | Some connection and/or a weak connection to middle school is described and evidenced | A clearly articulated connection between middle and high school is both described and evidenced | \_\_\_/2 |
| *Briefly describe this connection and attach relevant evidence to this form* |
| Do the LEA’s other RIDE-approved programs have strong CTE accountability data as evidenced by 1S1?**\*Note: If no other RIDE-approved program is yet in existence at the LEA, this question will not count.** | 1S1 is below 80% | 1S1 is between 80-94% |  1S1 is above 95% | \_\_\_/2 |
| *Indicate the percentage* |
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| **TOTAL POINTS** | **\_\_\_/28** |
| **Key Concerns** |  |