NEW CTE PROGRAM APPROVAL APPLICATION FOR THE 2024-25 SCHOOL YEAR

Contents

Part I: Contact / General Information	2
Part 2: Connection to Comprehensive Local Needs Assessment (CLNA)	3
Part 3: Program Design	4
Industry Recognized Credential(s) / Culminating Credential(s)	4
CTE Course #1 Information	5
CTE Course #1 Information—LOCALLY DEVELOPED	6
CTE Course #2 Information	7
CTE Course #2 Information—LOCALLY DEVELOPED	8
CTE Course #3 Information	9
CTE Course #3 Information—LOCALLY DEVELOPED	10
CTE Course #4 Information (ONLY REQUIRED IF THERE ARE 4 COURSES FOR THIS PROGRAM)	11
CTE Course #4 Information (Optional)—LOCALLY DEVELOPED	12
Additional CTE Course & Program Information	13
Part 4: Work-based Learning (WBL)	16
General Work-based Learning Questions	16
Work-based Learning Activity #1	17
Work-based Learning Activity #2	19
Work-based Learning Activity #3	21
Work-based Learning Activity #4	23
Work-based Learning Activity #5	25
Part 5: Operations for NEW Programs	27
Part 5: Operations for EXISTING Programs	29
Part 6: LEAs in Good Standing	32
Part 7: Signatures	33

Part I: Contact / General Information

I.	School Name	
2.	CTE Center (if applicable)	
3.	Name of school's principal	
4.	LEA	
5.	LEA Superintendent/Head of School	
6.	Name of person submitting application	
7.	Title of person submitting application	
8.	Email of person submitting application	
9.	Local name of this program	
10.	New or existing program?	
11.	If existing, what was the first year of this program?	
12.	Name of <u>CTE Industry-Specific Program Standard</u> to which this program is aligned	
13.	Name of the career cluster to which this program belongs	
14.	Name of staff member(s) who will be attending the CTEBOT Advisory Board meetings for this career cluster	

Part 2: Connection to Comprehensive Local Needs Assessment (CLNA)This section requires LEAs to reflect on how this CTE program addresses the need(s) and supports the goal(s) already identified in their most recent CLNA submission from 2022.

I. How does this proposed CTE program address an LEA need/goal identified in your 2022 CLNA? You must provide the specific section and data from the CLNA that clearly show why this new program is needed. Copy/paste relevant text directly from your 2022 CLNA.	
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Part 3: Program Design

This section asks about how all students in the program meet requirements for the career field as established by the approved standards, the course sequence, and any existing or potential alignment between the CTE program, instructor experience, and the school's proficiency-based graduation assessment.

Industry Recognized Credential(s) / Culminating Credential(s)

1.	What culminating credential(s) do students earn in this program (i.e., industry recognized credentials, AP exam, and/or college credit—this will be used for public reporting and accountability)?	
2.	Briefly explain how you ensure that all students in your program earn the required credential(s) identified above. If there are multiple culminating credentials that students can earn, please explain in what circumstances they would earn each one.	
3.	Required Evidence: Policy document making it	Insert an accessible link(s) to Google document(s)
	clear that all students in that pathway must earn	
	the CTE culminating credential(s) outlined above.	

CTE Course #1 Information

This is the first course in the 3-course sequence.

I. Is this course Locally developed or Externally Validated?	
Externally Validated = Advanced Placement (AP), Nationally recognized curriculum (e.g., PLTW), College-credit bearing, and/or International Baccalaureate (IB)	
2. What is the local name of this course?	
3. What is the local course code?	
4. What is the SCED Code for this course?	
5. Is this course considered core content or an elective?	
6. What is the name of the educator who will teach this course? (Indicate "N/A" if a teacher has yet to be identified.)	
Is this educator fully RIDE CTE certified?	
If YES, please provide their Certification Area and Certification Number. If NO, please explain here.	

CTE Course #1 Information—LOCALLY DEVELOPED

Note: Applicants only complete this next section if they indicate that Course #1 is Locally developed. **Please leave this section blank if CTE Course #1 is Externally Validated.**

I.	Summarize the topics covered in the course, major projects or associated work-based learning activities in the course, and the organization of units/topics in the course. Explain how the course meets state academic standards and skills.
2.	How did you determine that this course was at a proper level of rigor?
3.	How do you ensure that passing this course's assessments help to prepare students for earning the culminating credential identified in the approved standard for this program?

CTE Course #2 Information

This is the second course in the 3-course sequence.

I. Is this course Locally developed or Externally	
Validated?	
Externally Validated = Advanced Placement (AP), Nationally recognized curriculum (e.g., PLTW), College-credit bearing, and/or International Baccalaureate (IB)	
2. What is the local name of this course?	
3. What is the local course code?	
4. What is the SCED Code for this course?	
5. Is this course core content or an elective?	
6. What is the name of the educator who will teach this course? (Indicate "N/A" if a teacher has yet to be identified.)	
Is this educator fully RIDE CTE certified?	
If YES, please provide their Certification Area and Certification Number If NO, please explain here.	

CTE Course #2 Information—LOCALLY DEVELOPED

Note: Applicants only complete this next section if they indicate that Course #2 is Locally developed. **Please leave this section blank if CTE Course #2 is Externally Validated.**

I.	Summarize the topics covered in the course, major projects or associated work-based learning activities in the course, and the organization of units/topics in the course. Explain how the course meets state academic standards and skills.
2.	How did you determine that this course was at a proper level of rigor?
3.	How do you ensure that passing this course's assessments help to prepare students for earning the culminating credential identified in the approved standard for this program?

CTE Course #3 Information

This is the third course in the 3-course sequence.

I. Is this course Locally developed or Externally Validated?	
Externally Validated = Advanced Placement (AP), Nationally recognized curriculum (e.g., PLTW), College-credit bearing, and/or International Baccalaureate (IB)	
2. What is the local name of this course?	
3. What is the local course code?	
4. What is the SCED Code for this course?	
5. Is this course core content or an elective?	
6. What is the name of the educator who will teach this	
course? (Indicate "N/A" if a teacher has yet to be identified.)	
Is this educator fully RIDE CTE certified?	
If YES, please provide their Certification Area and Certification Number If NO, please explain here.	

CTE Course #3 Information—LOCALLY DEVELOPED

Note: Applicants only complete this next section if they indicate that Course #3 is Locally developed. **Please leave this section blank if CTE Course #3 is Externally Validated.**

1.	Summarize the topics covered in the course, major projects or associated work-based learning activities in the course, and the organization of units/topics in the course. Explain how the course meets state academic standards and skills.
2.	How did you determine that this course was at a proper level of rigor?
3.	How do you ensure that passing this course's assessments help to prepare students for earning the culminating credential identified in the approved standard for this program?

CTE Course #4 Information (ONLY REQUIRED IF THERE ARE 4 COURSES FOR THIS PROGRAM)

I. Is this course Locally developed or Externally Validated?	
Externally Validated = Advanced Placement (AP), Nationally recognized curriculum (e.g., PLTW), College-credit bearing, and/or International Baccalaureate (IB)	
2. What is the local name of this course?	
3. What is the local course code?	
4. What is the SCED Code for this course?	
5. Is this course core content or an elective?	
6. What is the name of the educator who will teach this	
course? (Indicate "N/A" if a teacher has yet to be identified.)	
Is this educator fully RIDE CTE certified?	
If YES, please provide their Certification Area and Certification Number If NO, please explain here.	

CTE Course #4 Information (Optional)—LOCALLY DEVELOPED

Note: Applicants only complete this next section if they indicate that Course #4 is Locally developed. **Please leave this section blank if CTE Course #4 is Externally Validated.**

I.	Summarize the topics covered in the course, major projects or associated work-based learning activities in the course, and the organization of units/topics in the course. Explain how the course meets state academic standards and skills.
2.	How did you determine that this course was at a proper level of rigor?
3.	How do you ensure that passing this course's assessments help to prepare students for earning the culminating credential identified in the approved standard for this program?

Additional CTE Course & Program Information

1.	Required Evidence : Please provide a sample lesson plan or assignment with its accompanying assessment and rubric. Briefly describe the assignment's objectives and other relevant details.
Ins	ert an accessible link(s) to Google document(s)
2.	Describe your approach to data-driven instruction. How do you assess student progress toward courses' goals?
3.	Please explain how you integrate academic, technical, and employability skills throughout the program's course sequence.
1	Required Evidence: Provide ONE document to demonstrate that students need to complete this program's full
4.	course sequence (e.g., course catalog, syllabus, etc.)
Ins	course sequence (e.g., course catalog, syllabus, etc.)
Inso	course sequence (e.g., course catalog, syllabus, etc.) ert an accessible link(s) to Google document(s) Please indicate your total expected student enrollment if this program is operational at full capacity (i.e., how many total 'seats' will this program hold?). Please explain how you arrived at this calculation.
Inso	course sequence (e.g., course catalog, syllabus, etc.) ert an accessible link(s) to Google document(s) Please indicate your total expected student enrollment if this program is operational at full capacity (i.e., how
Inso	course sequence (e.g., course catalog, syllabus, etc.) ert an accessible link(s) to Google document(s) Please indicate your total expected student enrollment if this program is operational at full capacity (i.e., how many total 'seats' will this program hold?). Please explain how you arrived at this calculation. What is the anticipated annual entry-level salary of a student who enters the career field this program is in? Please
5.	course sequence (e.g., course catalog, syllabus, etc.) ert an accessible link(s) to Google document(s) Please indicate your total expected student enrollment if this program is operational at full capacity (i.e., how many total 'seats' will this program hold?). Please explain how you arrived at this calculation. What is the anticipated annual entry-level salary of a student who enters the career field this program is in? Please
Insc 5.	course sequence (e.g., course catalog, syllabus, etc.) ert an accessible link(s) to Google document(s) Please indicate your total expected student enrollment if this program is operational at full capacity (i.e., how many total 'seats' will this program hold?). Please explain how you arrived at this calculation. What is the anticipated annual entry-level salary of a student who enters the career field this program is in? Please use this link to gather this information. Required Evidence if Yes: Does this program have any formal partnerships with a postsecondary institution? Please provide the articulated / transcripted credit agreement. If not, indicate N/A and explain why not, and any

8.	Does this program partner with a Career and Technical Student Organization (CTSO)? If so, please identify and explain. If not, indicate N/A and explain why not.
9.	Does this program have any partnership with feeder middle schools? If so, please describe the partnership and how it helps prepare students for this program. If not, indicate N/A and explain why not.
10.	Briefly describe the alignment between this proposed CTE program and the (new) secondary regulations beginning with the class of 2028.
11.	Please explain fully/describe how the school's schedule allows CTE students to become completers in the
	program for which they are enrolled.
12.	Given the requirements of your proposed program (courses, experiences, etc.), what challenges with achieving
	completer status in the program do you foresee?
13.	How will you ensure that all students complete all requirements in addition to existing graduation requirements?
14.	Required Evidence: Please provide a policy document making it clear that all students in this CTE program must meet the approved Career Field Industry Standards.
Inse	ert an accessible link(s) to Google document(s)

15. Answer ONLY if the program has at least one locally developed course: In designing this full program's course curriculum, how did you ensure it is teaching the skills and content required by actual employers in the industry? Indicate N/A if <u>all</u> courses are externally validated.
16. Answer ONLY if the program has at least one locally developed course: Which industry groups or outside experts were involved in the development of the program's course sequence and curriculum? How was their feedback incorporated? Indicate N/A if <u>all</u> courses are externally validated.
17. Required Evidence ONLY if program has at least one locally developed course: Please provide one or two letters from an employer, on employer letterhead, indicating that an industry representative was consulted in
the development of the program's course sequence/curriculum. Indicate N/A if <u>all</u> courses are externally validated.
Insert an accessible link(s) to Google document(s)

Part 4: Work-based Learning (WBL)

This section asks for information about WBL activities as defined by the <u>CTE Board of Trustees WBL Criteria and Resources</u> (and the <u>Governor's Workforce Board WBL Guidance</u>). Applicants will describe how students' high-quality WBL experiences throughout their participation in the CTE program will meet the requirement of achieving at least 80 hours total. <u>In this, applicants will show how one typical student in this program would achieve 80 hours of WBL. Please submit information for as many WBL activities as necessary to achieve the required 80 hours for this one student. For example, if a student in this CTE program engages in WBL Activity #1 which yields 10 hours, a second one which yields 20 hours, and a final one which yields 50 hours, then that applicant would need to submit for THREE WBL activities, as the total from all three equals at least 80 hours for this student.</u>

General Work-based Learning Questions

1.	How do you ensure <u>ALL</u> students have access to, and therefore complete the minimum WBL requirements?	
2.	Evidence Required: Provide documentation that students are required to engage in WBL (e.g., CTE program syllabus, course document, etc.).	Insert an accessible link(s) to Google document(s)
3.	What data system(s) will you use to track student participation in WBL? Please describe the process by which WBL experiences are codified and tracked year over year.	
4.	Evidence Required : Please provide a sample form, data export (redacted names!), etc. from that data system.	Insert an accessible link(s) to Google document(s)

Work-based Learning Activity #I Please provide basic information for this WBL activity

I.	Activity name	
2.	Type: Industry Project, Apprenticeship, Service Learning, School-based Enterprise, or Internship/Externship	
3.	Is this an activity that is currently happening or is this planned for?	
4.	What is the setting for this activity? Is it part of a class, club, or something else? If something else, please describe.	
5.	What grade level is this activity for?	
6.	What is the name of the employer partner?	
7.	How many hours does this activity yield?	
8.	Please provide a brief description of WBL activity #I	
9.	What technical skills should students gain because of W	BL activity #1? How will you measure them?
10.	What employability skills should students gain because of	of WBL activity #1? How will you measure them?
11.	What academic skills should students gain because of W	BL activity #1? How will you measure them?
12.	Describe the final presentation component of WBL active What is the format? Who is the audience?	vity #1: What are the student expectations?

13. What strategies will you use to ensure that WBL activity #1 meaningfully connects to coursework and
builds on knowledge or skills from the coursework? Describe the pre- or post-activity coursework
associated with the activity.
•
14. What core responsibilities will the school hold the employer to for WBL activity #1?
15. Required Evidence: Please demonstrate a relationship with WBL Activity #1 employer (e.g., MOA,
letter from employer, etc.)
Insert an accessible link(s) to Google document(s)
(4)
16. Required Evidence: Please upload ONE of the following for this activity: Syllabus that shows
description of the WBL activity, a rubric used to evaluate the activity, or the certificate of approval of
the apprenticeship by the RI Apprenticeship Council (required for apprenticeships).
Insert an accessible link(s) to Google document(s)
(4)

Work-based Learning Activity #2 Please provide basic information for this WBL activity

If the prior WBL activity achieved 80 hours, please indicate N/A next to "Activity name."

I. Activity name	
2. Type: Industry Project, Apprenticeship, Service Learning, School-based Enterprise, or Internship/Externship	
3. Is this an activity that is currently happening or is this planned for?	
4. What is the setting for this activity? Is it part of a class, club, or something else? If something else, please describe.	
5. What grade level is this activity for?	
6. What is the name of the employer partner?	
7. How many hours does this activity yield?	
8. Please provide a brief description of WBL activity #2	
9. What technical skills should students gain because of W	BL activity #2? How will you measure them?
10. What employability skills should students gain because of	of WBL activity #2? How will you measure them?
II. What academic skills should students gain because of W	/BL activity #2? How will you measure them?
12. Describe the final presentation component of WBL acti What is the format? Who is the audience?	vity #2: What are the student expectations?

13. What strategies will you use to ensure that WBL activity #2 meaningfully connects to coursework and builds on knowledge or skills from the coursework? Describe the pre- or post-activity coursework associated with the activity.
14. What core responsibilities will the school hold the employer to for WBL activity #2?
15. Required Evidence: Please demonstrate a relationship with WBL Activity #2 employer (e.g., MOA, letter from employer, etc.)
Insert an accessible link(s) to Google document(s)
16. Required Evidence: Please upload ONE of the following for this activity: Syllabus that shows description of the WBL activity, a rubric used to evaluate the activity, or the certificate of approval of the apprenticeship by the RI Apprenticeship Council (required for apprenticeships).
Insert an accessible link(s) to Google document(s)

Work-based Learning Activity #3 Please provide basic information for this WBL activity

If prior WBL activities achieved 80 hours, please indicate N/A next to "Activity name."

I.	Activity name	
2.	Type: Industry Project, Apprenticeship, Service Learning, School-based Enterprise, or Internship/Externship	
3.	Is this an activity that is currently happening or is this planned for?	
4.	What is the setting for this activity? Is it part of a class, club, or something else? If something else, please describe.	
5.	What grade level is this activity for?	
6.	What is the name of the employer partner?	
7.	How many hours does this activity yield?	
8.	Please provide a brief description of WBL activity #3	
9.	What technical skills should students gain because of W	BL activity #3? How will you measure them?
10.	What employability skills should students gain because o	of WBL activity #3? How will you measure them?
11.	What academic skills should students gain because of W	BL activity #3? How will you measure them?

12. Describe the final presentation component of WBL activity #3: What are the student expectations? What is the format? Who is the audience?
13. What strategies will you use to ensure that WBL activity #3 meaningfully connects to coursework and builds on knowledge or skills from the coursework? Describe the pre- or post-activity coursework associated with the activity.
14. What core responsibilities will the school hold the employer to for WBL activity #3?
15. Required Evidence: Please demonstrate a relationship with WBL Activity #3 employer (e.g., MOA, letter from employer, etc.)
Insert an accessible link(s) to Google document(s)
16. Required Evidence: Please upload ONE of the following for this activity: Syllabus that shows
description of the WBL activity, a rubric used to evaluate the activity, or the certificate of approval of the apprenticeship by the RI Apprenticeship Council (required for apprenticeships).
Insert an accessible link(s) to Google document(s)

Work-based Learning Activity #4 Please provide basic information for this WBL activity

If prior WBL activities achieved 80 hours, please indicate N/A next to "Activity name."

I.	Activity name	
2.	Type: Industry Project, Apprenticeship, Service Learning, School-based Enterprise, or Internship/Externship	
3.	Is this an activity that is currently happening or is this planned for?	
4.	What is the setting for this activity? Is it part of a class, club, or something else? If something else, please describe.	
5.	What grade level is this activity for?	
6.	What is the name of the employer partner?	
7.	How many hours does this activity yield?	
8.	Please provide a brief description of WBL activity #4	
9.	What technical skills should students gain because of W	BL activity #4? How will you measure them?
10.	What employability skills should students gain because of	of WBL activity #4? How will you measure them?
11.	What academic skills should students gain because of W	BL activity #4? How will you measure them?

12. Describe the final presentation component of WBL activity #4: What are the student expectations? What is the format? Who is the audience?
VVIIat is the format: VVIIO is the addience:
13. What strategies will you use to ensure that WBL activity #4 meaningfully connects to coursework and
builds on knowledge or skills from the coursework? Describe the pre- or post-activity coursework
associated with the activity.
14. What core responsibilities will the school hold the employer to for WBL activity #4?
15. Required Evidence: Please demonstrate a relationship with WBL Activity #4 employer (e.g., MOA,
letter from employer, etc.)
Insert an accessible link(s) to Google document(s)
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16. Required Evidence: Please upload ONE of the following for this activity: Syllabus that shows
description of the WBL activity, a rubric used to evaluate the activity, or the certificate of approval of
the apprenticeship by the RI Apprenticeship Council (required for apprenticeships).
Insert an accessible link(s) to Google document(s)

Work-based Learning Activity #5 Please provide basic information for this WBL activity

If prior WBL activities achieved 80 hours, please indicate N/A next to "Activity name."

I.	Activity name	
2.	Type: Industry Project, Apprenticeship, Service Learning, School-based Enterprise, or Internship/Externship	
3.	Is this an activity that is currently happening or is this planned for?	
4.	What is the setting for this activity? Is it part of a class, club, or something else? If something else, please describe.	
5.	What grade level is this activity for?	
6.	What is the name of the employer partner?	
7.	How many hours does this activity yield?	
8.	Please provide a brief description of WBL activity #5	
9.	What technical skills should students gain because of W	BL activity #5? How will you measure them?
10.	What employability skills should students gain because o	of WBL activity #5? How will you measure them?
11.	What academic skills should students gain because of W	BL activity #5? How will you measure them?

12. Describe the final presentation component of WBL activity #5: What are the student expectations? What is the format? Who is the audience?		
13. What strategies will you use to ensure that WBL activity #5 meaningfully connects to coursework and builds on knowledge or skills from the coursework? Describe the pre- or post-activity coursework associated with the activity.		
14. What core responsibilities will the school hold the employer to for WBL activity #5?		
15. Required Evidence: Please demonstrate a relationship with WBL Activity #5 employer (e.g., MOA, letter from employer, etc.)		
Insert an accessible link(s) to Google document(s)		
16. Required Evidence: Please upload ONE of the following for this activity: Syllabus that shows		
description of the WBL activity, a rubric used to evaluate the activity, or the certificate of approval of the apprenticeship by the RI Apprenticeship Council (required for apprenticeships).		
Insert an accessible link(s) to Google document(s)		

Part 5: Operations for NEW Programs

This section addresses: program technology, facilities, safety, governance, data, and program evaluation for NEW programs. **Skip** to the next section if this is an application for an EXISTING program.

I.	How will your program ensure equal access for all students, regardless of race, sex, poverty status, language, or disability? Be specific about your plan. Cite evidence of prior successes at addressing equity gaps at your school.
2.	Evidence Required : Please provide the following admission policy materials. Ensure that they are clearly labeled: application, admissions policy/procedure, appeals process, and acceptance/denial letters.
	Insert an accessible link(s) to Google document(s)
3.	Briefly explain how the school/LEA ensures the safety of all students participating in the program. This includes safety procedures for any potentially dangerous materials or equipment that may occur at school or during a work-based learning experience.
4.	Describe how the school/LEA provides access for students to adequate and appropriate facilities, equipment, and supplies.
5.	Describe how the school/LEA ensures that facilities and equipment used for instructional, or training purposes involve up-to-date technology and meet current business and industry standards.
6.	Describe how industry has input into the technology that will be selected/used in this program.
7.	Describe how the program will ensure students have access to the system of supports and services described in state statutes and regulations. Such systems should include providing students the opportunity to engage in goal setting and planning that supports their academic, career, and personal/social goals and individual needs through the ILP process.

- 8. **Evidence Required**: Please include one of the following:
 - Documentation that the program has integrated supports from guidance and advisory,
 - Evidence that planning and goal setting is integrated into lessons and/or the program,
 - Evidence of counseling, advising, and planning services provided regularly for the student throughout the program of study.

Insert an accessible link(s) to Google document(s)

- 9. Describe your participation--or plan for participation--in the statewide industry advisory for this program's career cluster. How does advisory participation inform program quality? Please be specific.
- 10. Will/does your school have a local advisory board in addition to the state board? If yes, please identify the names of the local board. If no, please explain why not.
- II. Describe how the LEA/school will reflect/reflects the community and is representative of key stakeholders.
- 12. **Evidence Required**: Please include one of the following that supports the previous question:
 - School calendar of program-related events
 - Opportunities for parent involvement
 - Opportunities for family engagement
 - Other documentation that established partnerships are reflective of the community and/or region

Insert an accessible link(s) to Google document(s)

13. Optional: If you would like the CTE review team to consider additional evidence not required in the application, please both describe the scenario and upload evidence, as needed. Please be sure to clearly label each piece of additional evidence.

Insert an accessible link(s) to Google document(s)

Part 5: Operations for EXISTING Programs

This section addresses: program technology, facilities, safety, governance, data, and program evaluation for EXISTING programs. Leave this section blank if you already submitted answers for the prior section.

I.	How does your program address any disproportionate enrollment or performance of specific student groups (i.e., gender, race, poverty, MLL, IEP, etc.)?			
2.	Please indicate your current enrollment percentages of students with IEPs and Multilingual Learners:			
IEF	Ps%:			
MLLs%:				
3.	Evidence Required : Please provide the following admission policy materials. Ensure that they are clearly labeled: application, admissions policy/procedure, appeals process, and acceptance/denial letters.			
	Insert an accessible link(s) to Google document(s)			
4.	Briefly explain how the school/LEA ensures the safety of all students participating in the program. This includes safety procedures for any potentially dangerous materials or equipment that may occur at school or during a work-based learning experience.			
5.	Have there been any injuries to students or staff in your program in the past five years? If so, please explain. If not, please indicate "N/A."			
6.	Describe how the school/LEA provides access for students to adequate and appropriate facilities, equipment, and supplies.			
7.	Describe how the school/LEA ensures that facilities and equipment used for instructional, or training purposes involve up-to-date technology and meet current business and industry standards.			
8.	Describe how industry has input into the technology that will be selected/used in this program.			

9. Describe your plan for regular capital investments to ensure up-to-date technology and equipment.
10. Describe your most recent facilities review that addressed the accessibility of the facility for students with disabilities.
II. Describe how the program will ensure students have access to the system of supports and services described in state statutes and regulations. Such systems should include providing students the opportunity to engage in goal setting and planning that supports their academic, career, and personal/social goals and individual needs through the ILP process.
 12. Evidence Required: Please include one of the following: Documentation that the program has integrated supports from guidance and advisory, Evidence that planning and goal setting is integrated into lessons and/or the program, Evidence of counseling, advising, and planning services provided regularly for the student throughout the program of study
Insert an accessible link(s) to Google document(s)
13. Describe your participationor plan for participationin the statewide industry advisory for this program's career cluster. How does advisory participation inform program quality? Please be specific.
14. Evidence Required: Please attach ONE piece of evidence that demonstrates how the industry advisory board routinely assesses the program (e.g., formal agenda, sample meeting minutes, etc.)
Insert an accessible link(s) to Google document(s)
15. Will/does your school have a local advisory board in addition to the state board? If yes, please identify the names of the local board. If no, please explain why not.
16. Describe how the LEA/school will reflect/reflects the community and be representative of key stakeholders.

- 17. Evidence Required: Please include one of the following that supports the previous question:
 - School calendar of program-related events
 - Opportunities for parent involvement
 - Opportunities for family engagement
 - Other documentation that established partnerships are reflective of the community and/or region.

Insert an accessible link(s) to Google document(s)

18. Optional: If you would like the CTE review team to consider additional evidence not required in the application, please both describe the scenario and upload evidence, as needed. Please be sure to clearly label each piece of additional evidence.

Insert an accessible link(s) to Google document(s)

Part 6: LEAs in Good Standing

This next section will focus on the LEA's track record of providing accurate and timely information in the following areas:

- CTE data
- Perkins fiscal requirements
- RIDE programmatic requests

Please provide an honest assessment regarding the following questions:

Ι.	Since FY2022 (SY21-22), has your LEA provided both accurate and timely CTE data for formal data collections (i.e., annual CTE data collection)? Please explain.	
2.	Since FY2022 (SY21-22), has your LEA provided both accurate and timely Perkins fiscal requirements to RIDE? Please explain.	
3.	Since FY2022 (SY21-22), has your LEA provided both accurate and timely responses to programmatic requests (e.g., surveys, annual program inventory, etc.)? Please explain.	

Part 7: Signatures

You must upload an assurance letter on LEA letterhead that the proposed program will adhere to the following requirements. It must be signed by both the principal and superintendent/Head of School.

Evidence Required:

The LEA will be responsible for the following:

- Ensure all students have the opportunity to participate in career exploration activities;
- Provide all eligible students the opportunity to enroll in an approved career preparation program;
- Provide a spectrum of career and college counseling services that include career awareness and exploration activities;
- Provide students and families with accurate information about the availability of approved career preparation programs and students' rights to apply and enroll;
- Provide students and families an appeal process in cases where students do not gain access to a career preparation program;
- Meet the career preparation program standards and participate in the state-managed quality assurance process;
- Collect and report accurate and timely CTE data, including Program Accountability metrics;
- Manage CTE-designated funding in accordance with state and federal regulations;
- Adhere to RIDE-published cost guidelines and
- Engage and partner with businesses industry, higher education, and postsecondary training programs to improve student performance outcomes.

Insert an accessible link(s) to Google document(s)