**FY25 Signature Sheet for CTE Teacher Grant**

**Directions:** Please provide all requested information; you will upload this document within the application.

**LEA Name**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Signatures** | **Name** | **Signature** | **Date** |
| Superintendent/Executive Director |  |  |  |
| District CTE Director/Coordinator |  |  |  |

**CTE Teacher Certification:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required Signatures** | **Full Name** | **Signature** | **Date** | **Name of Cert. Program** |
| CTE Teacher #1 |  |  |  |  |
| CTE Teacher #2 |  |  |  |  |
| CTE Teacher #3 |  |  |  |  |
| CTE Teacher #4 |  |  |  |  |
| CTE Teacher #5 |  |  |  |  |
| CTE Teacher #6 |  |  |  |  |

**Name of CTE Teacher Professional Learning Offering #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Signatures** | **Full Name** | **Signature** | **Date** |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |

**Name of CTE Teacher Professional Learning Offering #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Signatures** | **Full Name** | **Signature** | **Date** |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |

**Name of CTE Teacher Professional Learning Offering #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Signatures** | **Full Name** | **Signature** | **Date** |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |

**Name of CTE Teacher Professional Learning Offering #4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Signatures** | **Full Name** | **Signature** | **Date** |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |

**Name of CTE Teacher Professional Learning Offering #5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Signatures** | **Full Name** | **Signature** | **Date** |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |

**Name of CTE Teacher Professional Learning Offering #6: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Signatures** | **Full Name** | **Signature** | **Date** |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |
| CTE Teacher Participant |  |  |  |

\*You must upload the PL provider’s contract detailing scope of work for each of the PL activities offered within the application