



**NEW CTE PROGRAM  
APPROVAL APPLICATION FOR  
THE 2025-26 SCHOOL YEAR**

Application deadline is 11/4/2024

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## Part I: Contact / CTE Program Information

|  |  |
|--|--|
| 1. 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. Name of the <b>career cluster</b> to which this program belongs. <i>Note: career cluster is located at the top right of the CTE Industry Standards</i> |  |
| 11. Name of <b>CTE Industry-Specific Standard</b> to which this program is aligned   |  |
| 12. New or existing program?   |  |
| 13. If existing, what was the first year of this program?  |  |
| 14. Name of staff member(s) who attend the CTEBOT Advisory Board meetings for this career cluster  |  |

### CTE Data Specifications – CTE Programs

*Please consult the CTE-Programs section on Page 2 of the [CTE Data Collection Specifications](#). You will likely need to work with your district data manager to ensure that all data elements are accurately captured.*

| Data Elements                | Responses: Each should read <u>exactly</u> as it would for CTE data submission |
|------------------------------|--|
| 1. DISTCODE                  |  |
| 2. SCHODE                    |  |
| 3. CTECHCTR                  |  |
| 4. LOCALCTEPROGRAMCODE       |  |
| 5. LOCALCTEPROGRAMNAME       |  |
| 6. PROGRAMTYPE               |  |
| 7. <u>CIP</u>                |  |
| 8. POSTSECONDARYCREDIT       |  |
| 9. AGREEMENTHIGHERED         |  |
| 10. RECOGNIZEDCREDENTIALS    |  |
| 11. ADVSTANDINAPPRENTICESHIP |  |
| 12. ADVSTANDINTRAINPROG      |  |
| 13. NUMCOURSESINPROGSEQ      |  |
| 14. CONCENTRATORINSEQ        |  |

## 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 2024.*

- I. How does this proposed CTE program address an LEA need/goal identified in your 2024 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 2024 CLNA.

### 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 <b>culminating credential(s)</b> 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. <b>Required Evidence:</b> Policy document making it clear that all students in that pathway must earn the CTE culminating credential(s) outlined above.   | <i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i> |

**CTE Course #1 Information**  
*This is the first course in the 3-course sequence.*

|  |  |
|--|--|
| <p><b>1. Is this course <b>Locally developed</b> or <b>Externally Validated</b>?</b></p> <p>Externally Validated = Advanced Placement (AP), Nationally recognized curriculum (e.g., PLTW), College-credit bearing, and/or International Baccalaureate (IB)</p> |  |
| <p><b>2. What is the local name of this course?</b></p>  |  |
| <p><b>3. What is the local course code?</b></p>  |  |
| <p><b>4. What is the SCED Code for this course?</b></p>  |  |
| <p><b>5. Is this course considered core content or an elective?</b></p>  |  |
| <p><b>6. What is the name of the educator who will teach this course? (<i>Indicate "N/A" if a teacher has yet to be identified.</i>)</b></p>   |  |
| <p><b>Is this educator fully RIDE CTE certified?</b></p> <p>If YES, please provide their Certification Area and Certification Number.<br/>         If NO, please explain here.</p>   |  |

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.**

|   |
|---|
| 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 #2 Information

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

|   |  |
|---|--|
| <p>1. Is this course <b>Locally developed</b> or <b>Externally Validated</b>?</p> <p>Externally Validated = Advanced Placement (AP), Nationally recognized curriculum (e.g., PLTW), College-credit bearing, and/or International Baccalaureate (IB)</p> |  |
| 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? ( <i>Indicate "N/A" if a teacher has yet to be identified.</i> )  |  |
| <p>Is this educator fully RIDE CTE certified?</p> <p>If YES, please provide their Certification Area and Certification Number<br/>If NO, please explain here.</p>   |  |

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.**

|   |
|---|
| 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 #3 Information

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

|  |  |
|--|--|
| <p><b>1. Is this course <b>Locally developed</b> or <b>Externally Validated</b>?</b></p> <p>Externally Validated = Advanced Placement (AP), Nationally recognized curriculum (e.g., PLTW), College-credit bearing, and/or International Baccalaureate (IB)</p> |  |
| <p><b>2. What is the local name of this course?</b></p>  |  |
| <p><b>3. What is the local course code?</b></p>  |  |
| <p><b>4. What is the SCED Code for this course?</b></p>  |  |
| <p><b>5. Is this course core content or an elective?</b></p>   |  |
| <p><b>6. What is the name of the educator who will teach this course? (<i>Indicate "N/A" if a teacher has yet to be identified.</i>)</b></p>   |  |
| <p><b>Is this educator fully RIDE CTE certified?</b></p> <p>If YES, please provide their Certification Area and Certification Number<br/>If NO, please explain here.</p>   |  |

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)**

|  |  |
|--|--|
| <p><b>1. Is this course <b>Locally developed</b> or <b>Externally Validated</b>?</b></p> <p>Externally Validated = Advanced Placement (AP), Nationally recognized curriculum (e.g., PLTW), College-credit bearing, and/or International Baccalaureate (IB)</p> |  |
| <p><b>2. What is the local name of this course?</b></p>  |  |
| <p><b>3. What is the local course code?</b></p>  |  |
| <p><b>4. What is the SCED Code for this course?</b></p>  |  |
| <p><b>5. Is this course core content or an elective?</b></p>   |  |
| <p><b>6. What is the name of the educator who will teach this course? (Indicate "N/A" if a teacher has yet to be identified.)</b></p>  |  |
| <p><b>Is this educator fully RIDE CTE certified?</b></p> <p>If YES, please provide their Certification Area and Certification Number<br/>If NO, please explain here.</p>   |  |

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.**

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?

## Additional CTE Course & Program Information

|   |
|---|
| <b>1. Required Evidence:</b> Please provide a sample lesson plan or assignment with its accompanying assessment and rubric. Briefly describe the assignment's objectives and other relevant details.  |
| <i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i>   |
| <b>2.</b> Describe your approach to data-driven instruction. How do you assess student progress toward courses' goals?  |
|   |
| <b>3.</b> Please explain how you integrate academic, technical, and employability skills throughout the program's course sequence.  |
|   |
| <b>4. Required Evidence:</b> Provide ONE document to demonstrate that students need to complete this program's full course sequence (e.g., course catalog, syllabus, etc.)  |
| <i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i>   |
| <b>5.</b> 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.  |
|   |
| <b>6.</b> What is the anticipated annual entry-level salary of a student who enters the career field this program is in? Please use <a href="#">this link</a> to gather this information.   |
|   |
| <b>7. Required Evidence if Yes:</b> Does this program have any formal partnerships with a postsecondary institution? Please provide the articulated / transcribed credit agreement. If not, indicate N/A and explain why not, and your plans for future postsecondary partnerships. |
| <i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i>   |

|  |
|--|
| 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 a 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 (e.g., world language, high-growth/high-demand regarding a fourth math.) |
|  |
| 11. How have you ensured that your school's bell schedule allows all students to become completers in this program?  |
|  |
| 12. Given the requirements of your proposed program (courses, experiences, etc.), what challenges do you foresee with achieving completer status in the program?   |
|  |
| 13. How will you ensure that all students complete all requirements in addition to existing graduation requirements?   |
|  |
| 14. <b>Required Evidence:</b> Please provide a policy document making it clear that all students in this CTE program must meet the approved Career Field Industry Standards.                                       |
| <i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i>  |



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 all 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 all 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 all courses are externally validated.

*Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.*

## Part 4: Work-based Learning (WBL)

This section asks for information about WBL activities as defined by the [CTE Board of Trustees WBL Criteria and Resources](#) (and the [Governor's Workforce Board WBL Guidance](#)). 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. **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, since the total from all three equals at least 80 hours for this student.

### General Work-based Learning Questions

|   |  |
|---|--|
| <p>1. How do you ensure <u>ALL</u> students have access to, and therefore complete the minimum WBL requirements?</p>  |  |
| <p>2. <b>Evidence Required:</b> Provide documentation that students are required to engage in WBL (e.g., CTE program syllabus, course document, etc.).</p>                      | <p><i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i></p> |
| <p>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.</p> |  |
| <p>4. <b>Evidence Required:</b> Please provide a sample form, data export (redacted names!), etc. from that data system.</p>  | <p><i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i></p> |

Work-based Learning Activity #1

Please provide basic information for this WBL activity

|  |  |
|--|--|
| 1. Activity name   |  |
| 2. Type: <i>Industry Project, Apprenticeship, Service Learning, School-based Enterprise, or Internship/Externship</i>                  |  |
| 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 there is 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 #1   |  |
|  |  |
| 9. What technical skills should students gain because of WBL activity #1? How will you measure them?                                   |  |
|  |  |
| 10. What employability skills should students gain because of WBL activity #1? How will you measure them?                              |  |
|  |  |
| 11. What academic skills should students gain because of WBL activity #1? How will you measure them?                                   |  |
|  |  |

|   |
|---|
| <p>12. Describe the final presentation component of WBL activity #1: What are the student expectations? What is the format? Who is the audience?</p>  |
|   |
| <p>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.</p>   |
|   |
| <p>14. What core responsibilities will the school hold the employer to for WBL activity #1?</p>   |
|   |
| <p>15. <b>Required Evidence:</b> Please demonstrate a relationship with WBL Activity #1 employer (e.g., MOA, letter from employer, etc.)</p>  |
| <p><i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i></p>  |
| <p>16. <b>Required Evidence:</b> 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).</p> |
| <p><i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i></p>  |

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.”**

|  |  |
|--|--|
| 1. Activity name   |  |
| 2. Type: <i>Industry Project, Apprenticeship, Service Learning, School-based Enterprise, or Internship/Externship</i>                  |  |
| 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 there is 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 WBL activity #2? How will you measure them?                                   |  |
|  |  |
| 10. What employability skills should students gain because of WBL activity #2? How will you measure them?                              |  |
|  |  |
| 11. What academic skills should students gain because of WBL activity #2? How will you measure them?                                   |  |
|  |  |

|   |
|---|
| <p>12. Describe the final presentation component of WBL activity #2: What are the student expectations? What is the format? Who is the audience?</p>  |
|   |
| <p>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.</p>   |
|   |
| <p>14. What core responsibilities will the school hold the employer to for WBL activity #2?</p>   |
|   |
| <p>15. <b>Required Evidence:</b> Please demonstrate a relationship with WBL Activity #2 employer (e.g., MOA, letter from employer, etc.)</p>  |
| <p><i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i></p>  |
| <p>16. <b>Required Evidence:</b> 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).</p> |
| <p><i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i></p>  |

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.”**

|  |  |
|--|--|
| 1. Activity name   |  |
| 2. Type: <i>Industry Project, Apprenticeship, Service Learning, School-based Enterprise, or Internship/Externship</i>                  |  |
| 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 there is 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 WBL activity #3? How will you measure them?                                   |  |
|  |  |
| 10. What employability skills should students gain because of WBL activity #3? How will you measure them?                              |  |
|  |  |
| 11. What academic skills should students gain because of WBL activity #3? How will you measure them?                                   |  |
|  |  |

|   |
|---|
| <p>12. Describe the final presentation component of WBL activity #3: What are the student expectations? What is the format? Who is the audience?</p>  |
|   |
| <p>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.</p>   |
|   |
| <p>14. What core responsibilities will the school hold the employer to for WBL activity #3?</p>   |
|   |
| <p>15. <b>Required Evidence:</b> Please demonstrate a relationship with WBL Activity #3 employer (e.g., MOA, letter from employer, etc.)</p>  |
| <p><i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i></p>  |
| <p>16. <b>Required Evidence:</b> 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).</p> |
| <p><i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i></p>  |



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."**

|  |  |
|--|--|
| 1. Activity name   |  |
| 2. Type: <i>Industry Project, Apprenticeship, Service Learning, School-based Enterprise, or Internship/Externship</i>                  |  |
| 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 there is 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 WBL activity #4? How will you measure them?                                   |  |
|  |  |
| 10. What employability skills should students gain because of WBL activity #4? How will you measure them?                              |  |
|  |  |
| 11. What academic skills should students gain because of WBL activity #4? How will you measure them?                                   |  |
|  |  |

|   |
|---|
| <p>12. Describe the final presentation component of WBL activity #4: What are the student expectations? What is the format? Who is the audience?</p>  |
|   |
| <p>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.</p>   |
|   |
| <p>14. What core responsibilities will the school hold the employer to for WBL activity #4?</p>   |
|   |
| <p>15. <b>Required Evidence:</b> Please demonstrate a relationship with WBL Activity #4 employer (e.g., MOA, letter from employer, etc.)</p>  |
| <p><i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i></p>  |
| <p>16. <b>Required Evidence:</b> 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).</p> |
| <p><i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i></p>  |

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.”**

|  |  |
|--|--|
| 1. Activity name   |  |
| 2. Type: <i>Industry Project, Apprenticeship, Service Learning, School-based Enterprise, or Internship/Externship</i>                  |  |
| 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 there is 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 WBL activity #5? How will you measure them?                                   |  |
|  |  |
| 10. What employability skills should students gain because of WBL activity #5? How will you measure them?                              |  |
|  |  |
| 11. What academic skills should students gain because of WBL activity #5? How will you measure them?                                   |  |
|  |  |

|   |
|---|
| <p>12. Describe the final presentation component of WBL activity #5: What are the student expectations? What is the format? Who is the audience?</p>  |
|   |
| <p>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.</p>   |
|   |
| <p>14. What core responsibilities will the school hold the employer to for WBL activity #5?</p>   |
|   |
| <p>15. <b>Required Evidence:</b> Please demonstrate a relationship with WBL Activity #5 employer (e.g., MOA, letter from employer, etc.)</p>  |
| <p><i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i></p>  |
| <p>16. <b>Required Evidence:</b> 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).</p> |
| <p><i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i></p>  |

## 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.**

|   |
|---|
| 1. 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. <b>Evidence Required:</b> Please provide the following admission policy materials and ensure that they are clearly labeled: application, admissions policy/procedure, appeals process, and acceptance/denial letters.<br><i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i>   |
| 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 industry has input into the technology that will be selected/used in this program.  |
|   |
| 5. Describe how the school/LEA ensures adequate and appropriate facilities, equipment, and supplies that involve up-to-date technology and meet current business and industry standards.  |
|   |
| 6. Describe how the program will ensure students have access to the system of support 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. |
|   |

7. **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.

*Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.*

8. Describe your participation in the statewide industry advisory for this program's career cluster. How does advisory participation inform program quality? Please be specific.

9. Describe your school's local advisory board or industry representation for this program. Include the names of the local board members/industry representatives and how often they meet.

10. **Evidence Required:** Please include two pieces of evidence from the following list that showcase engagement:
- 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

*Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.*

## 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.**

|   |
|---|
| 1. 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:   |
| IEPs%:<br><br>MLLs%:  |
| 3. <b>Evidence Required:</b> Please provide the following admission policy materials and ensure that they are clearly labeled: application, admissions policy/procedure, appeals process, and acceptance/denial letters.<br><i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i> |
| 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 industry has input into the technology that will be selected/used in this program.  |
|   |
| 7. Describe how the school/LEA ensures adequate and appropriate facilities, equipment, and supplies that include a plan for regular capital investments to ensure up-to-date technology that meet current business and industry standards.  |
|   |

|  |
|--|
| 8. Describe your most recent facilities review that addressed the accessibility of the facility for students with disabilities.  |
|  |
| 9. 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.   |
|  |
| 10. <b>Evidence Required:</b> Please include <u>one</u> of the following: <ul style="list-style-type: none"> <li>• Documentation that the program has integrated supports from guidance and advisory,</li> <li>• Evidence that planning and goal setting is integrated into lessons and/or the program,</li> <li>• Evidence of counseling, advising, and planning services provided regularly for the student throughout the program of study</li> </ul> |
| <i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i>  |
| 11. Describe your participation in the statewide industry advisory for this program's career cluster. How does advisory participation inform program quality? Please be specific.  |
|  |
| 12. Describe your school's local advisory board or industry representation for this program. Include the names of the local board members/industry representatives and how often they meet.  |
|  |
| 13. <b>Evidence Required:</b> Please attach <u>ONE</u> piece of evidence that demonstrates how industry representatives routinely assess the program (e.g., formal agenda, sample meeting minutes, etc.)   |
| <i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i>  |
| 14. <b>Evidence Required:</b> Please include <u>two</u> pieces of evidence from the following list that showcase engagement: <ul style="list-style-type: none"> <li>• School calendar of program-related events</li> <li>• Opportunities for parent involvement</li> <li>• Opportunities for family engagement</li> <li>• Other documentation that established partnerships are reflective of the community and/or region.</li> </ul>                    |
| <i>Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.</i>  |



## 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:

|   |  |
|---|--|
| 1. Since FY2024 (SY23-24), has your LEA provided both accurate and timely CTE data for formal data collections (i.e., annual CTE data collection)? Please explain.            |  |
| 2. Since FY2024 (SY23-24), has your LEA provided both accurate and timely Perkins fiscal requirements to RIDE? Please explain.  |  |
| 3. Since FY2024 (SY23-24), 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 programs to become completers;
- 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.

*Mandatory: Insert an accessible link(s) to Google document(s) or provide separate PDF.*