



CAREER AND TECHNICAL EDUCATION RE-APPROVAL APPLICATION

1. A school or BOCES seeking renewal of an approved program in Career and Technical Education must complete the attached application.
2. Renewals must be processed by the State Education Department before programs originally approved during the 2001-2002 school year can continue awarding the CTE endorsement on diplomas issued during the 2006-2007 school year and following.
3. A separate application must be filed for each approved program due for renewal.
4. Re-Approval Application will not be processed unless all information is provided and the appropriate official has signed it.
5. Questions regarding the completion of this application may be directed by e-mail to Konrad Raup, Team Leader for Career and Technical Education (); or by calling 518-486-1547 and requesting staff assistance on the Program Renewal Application.

PROGRAM INFORMATION	RESPONSE
Name of Program	
Name of School District or BOCES	
Contact Person Name	William S. Speck
Address	Cayuga-Onondaga BOCES 5980 South Street Road Auburn, NY 13021
Telephone Number	(315) 253-0361
Fax Number	(315) 252-6361
E-Mail Address	
PROGRAM QUESTIONS	RESPONSES
What is the total number of students, by program year, who have completed this program since it was approved?	2001-2002 _____ 2002-2003 _____ 2003-2004 _____ 2004-2005 _____ 2005-2006 _____ Cumulative Total _____
Of the total number of students, enter the number who received special education services. (including 504 plans and IEPs)	2001-2002 _____ 2002-2003 _____ 2003-2004 _____ 2004-2005 _____ 2005-2006 _____ Cumulative Total _____
Of the total number of students, enter the number who participated in work-based learning.	2001-2002 _____ 2002-2003 _____ 2003-2004 _____ 2004-2005 _____ 2005-2006 _____ Cumulative Total _____
Enter the number of students who participated in work-based learning experiences	Worksite Tours _____ Job Shadowing _____ School-Year Internships _____ Summer Internships _____ Workplace Mentors _____

	Youth Apprenticeships _____ Co-op Work Study _____ Community Service/Learning _____ Supervised Clinical Experience _____ On-Site Projects _____ Other (please explain) _____ Link to info regarding “prohibitive occupations” to follow.
Has the required work-skills employability profile or skills checklist been provided for each student in the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No, explain
Has the work-skills employability profile been reviewed and updated on a continuous basis by the student and the appropriate program/guidance personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No, explain
How is the required ½ unit of <i>Career and Financial Management</i> delivered? (This ½ unit of instruction remains a required component of all CTE programs.)	<input type="checkbox"/> Integrated <input type="checkbox"/> Stand Alone
Name of the technical assessment used in this program. Please show test reference numbers if appropriate as well as modules when not all modules are included in the program assessment.	
Name of vendor, agency or consortium that developed each part of the technical assessment. <small>Note: Consortium developed assessments are allowed only when no technical examination exists in a particular field. The assessment must include written examination(s), student project(s), and student demonstration(s) of technical skills.</small>	Written Examination(s) _____ Student Demonstration(s) of Technical Skills _____ Project(s) _____
What was the rationale for the selection of the above assessments?	
What is the total number of credits available to students who complete this program? <small>This number should include all CTE units, integrated and specialized academic credit.</small>	

<p>Which integrated units of credit are you seeking re-approval for in this application?</p>	<input type="checkbox"/> English Language Arts <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Social Studies
<p>Which specialized units of credit are you seeking re-approval for in this application?</p>	<input type="checkbox"/> English Language Arts <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Social Studies
<p>If BOCES, how have you communicated specialized units of credit to component districts?</p>	
<p>Attach a list of all teachers in this program and the New York State Education Department teacher certification(s) held by each.</p>	
<p>With what two-or four-year postsecondary institution(s) do you have an articulation agreement?</p>	
<p>What benefits/advantages are available to the students of this program as a result of the articulation agreement(s)?</p>	<input type="checkbox"/> College Credit <input type="checkbox"/> Advanced Standing <input type="checkbox"/> Reduced Tuition <input type="checkbox"/> College in the High School <input type="checkbox"/> Other _____
<p>Has the curriculum of this program had any significant changes since the program was originally approved?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes. Please attach additional sheet(s) detailing any such changes.
<p>If a BOCES program, how were these changes communicated to component school districts?</p>	<p>Please attach additional sheets as necessary to explain this process.</p>
<p>The External Review Committee must reconvene and approve this application form.</p>	<p>Please attach additional sheets with the name, title, and relationship to the program of each member of the external review committee. Educators of the committee must include CTE teachers from the area under review, component school teachers from the core academic areas included in integrated or specialized credit, and members of business and industry related to the program area.</p>

The External Review Committee met on _____, and they have approved the academic and CTE content of this program for the number and distribution of credit listed in this application. All additional changes in the program components must be submitted to:

Career and Technical Education Team
New York State Education Department
Room 315EB
89 Washington Avenue
Albany, New York 12234

Submitted by: **Gary A. Gilchrist** Date: _____
Printed Name of District Superintendent

Title: **District Superintendent**

Signature: _____

Phone Number: **(315) 253-0361 ext. 167**