



## **APPLICATION FOR APPROVAL OF ADDITIONS OR CHANGES TO CAREER AND TECHNICAL EDUCATION (CTE) PROGRAMS**

### **REQUESTING ORGANIZATION INFORMATION**

SCHOOL DISTRICT/ORGANIZATION:

CONTACT PERSON AND TITLE:

EMAIL ADDRESS AND TELEPHONE NUMBER:

### **PROGRAM INFORMATION**

TYPE OF REQUEST:

- Change to existing program of study (already listed in Nevada CTE State Catalog)
  - Name change
  - Course description change
  - Other (describe):
- New program of study (not listed in the Nevada CTE State Catalog)
- Sunset of CTE program of study

PROGRAM AREA:

- Agriculture and Natural Resources
- Business and Marketing Education
- Education Hospitality and Human Services
- Health Science and Public Safety
- Information and Media Technologies
- Skilled and Technical Sciences

PROGRAM OF STUDY NAME:

### **JUSTIFICATION – PLEASE PROVIDE THE FOLLOWING INFORMATION IN A SEPARATE DOCUMENT:**

**INSTRUCTIONS:** In a separate document, write a brief narrative addressing the criteria questions below as applicable in a-c. The narrative should provide rationale for the request to change, add, or sunset a program.

- a. To request a change to an existing program, describe the impact of the change by addressing, at minimum, criteria 2, 3, 7, 10, 11 and 12.
- b. To request a new program, address all of the criteria questions below to describe the rationale for development of said program.
- c. To request the phase out of an existing program, address at minimum criteria 2, 3, 6, 7, 11 and 12 to justify the request.

**CRITERIA:**

**1. Career guidance:**

What is the proposed timeline to implement this change and how many students will be impacted in each year of the program? If requested changes impact students in an existing program, explain what happens to those students. How they will migrate from one level to the next or one program to another?

**2. Program and instruction (standards and aligned curriculum):**

What impact does the change have on state standards? Why is the requested change necessary? For NEW programs, must include program objectives and major units of instruction or topics to be covered.

**3. Leadership development:**

Is there a CTSO aligned that aligns this program? What impact will the requested change have on CTSO membership? For NEW programs, what is the plan for CTSOs aligned to the program?

**4. Qualified personnel:**

How does the change impact current personnel? For NEW programs, are there qualified teachers available?

**5. Program planning and promotion:**

How will students/parents be informed of changes? What planning is needed in order to implement the change?

**6. Facilities, equipment and instructional materials and supplies:**

For NEW programs: Is there adequate space and resources to teach to the standards? For PHASING OUT a program, describe the plan to relocate equipment, supplies, etc. to another CTE program.

**7. Community, business and industry partnerships:**

Provide evidence of support from business/industry, advisory committees and other community partners.

**8. Evaluation systems and accountability:**

Provide enrollment and completion numbers to support the rationale for the requested change. For NEW programs, provide results of survey or other indication of student and school support.

**9. Industry recognized credentials:**

What Nevada recognized industry certifications (OWINN list) are available for the program named? For NEW programs, will the program and standards prepare students for industry certifications? If so, which one?

**10. Alignment to post-secondary programs:**

Is there a college or degree program aligned to this program in the NSHE system? Describe the impact of the requested change to existing articulation agreements.

**11. Alignment to priority career pathways identified by Governor's Office of Workforce Innovations (OWINN):**

How does this change request impact the identified priority career pathways?

**12. Alignment to workforce training needs; e.g., high demand occupations:**

How does this requested change address the high demand occupations either regionally or statewide? For NEW programs, provide evidence of direct alignment to high demand occupations identified by OWINN and regional employers.

**ASSURANCES:**

Program approval and funding, if applicable, is contingent upon compliance with the following assurances:

1. The applicant (district/organization) commits to supporting this request for change, addition or phase out for a minimum of three years.
2. All related state skill standards have been examined thoroughly prior to making this request.
3. The advisory committee/council has provided input to support this request.
4. Students, parents, and teachers have provided input to support this request.

CONTACT PERSON SIGNATURE:

DATE:



**TECHNICAL ASSISTANCE:**

For assistance in program development or implementation, contact the appropriate programs professional:

Agricultural and Natural Resources	775-687-7281	kcarey@doe.nv.gov
Business and Marketing Education	702-486-6625	kcarey@doe.nv.gov
Education Hospitality and Human Services	775-687-7298	kchessell@doe.nv.gov
Health Science and Public Safety	775-687-7284	rhunewill@doe.nv.gov
Information and Media Technologies	702-486-6625	cstatucki@doe.nv.gov
Skilled and Technical Sciences	775-687-7290	dburton@doe.nv.gov
Data Management	775-687-7292	ghill@doe.nv.gov

**FOR NDE USE ONLY:**

**PROGRAM AREA PROFESSIONAL:**

- APPROVE
- DISAPPROVE

INITIAL:

DATE:

**CATALOG EPP:**

- APPROVE
- DISAPPROVE

INITIAL:

DATE: