|  |  |
| --- | --- |
| **NEW PROGRAM REQUEST FORM: Secondary (9-12)**  **FLORIDA DEPARTMENT OF EDUCATION**  **Division of Career and Adult Education**  **Office of Career and Technical Education Programs** | |
| **Directions** | |
| 1. Complete this form and provide all required information including a draft curriculum framework and supporting labor market alignment documentation (detailed directions follow). 2. Submit electronic package to [CTEprogramrequest@fldoe.org](mailto:CTEprogramrequest@fldoe.org)by November 1. New program requests will be sent to the State Board of Education for approval in early spring and if approved will be available for enrollment the following school year. The appropriate program and course numbers will be available in the Course Code Directory and the approved curriculum framework will be published on the Division’s website. | |
| **Submitted By** | |
| School District Name: | Click here to enter text. |
| Address: | Click here to enter text. |
| Contact Person: | Click here to enter text. |
| Contact Title: | Click here to enter text. |
| Email: | Click here to enter text. |
| Phone/Ext: | Click here to enter text. |
| Date: | Click here to enter a date. |
| **General Program Information** | |
| Career Cluster | Click here to enter text. |
| Proposed Program Title: | Click here to enter text. |
| Proposed Program Length:  (Please note proposed High School CTE programs should not be more than 4 credits. Single course programs will not be considered.) | credits |
| Proposed Career and Technical Student Organization | Click here to enter text. |
| **Justification** | |
| Provide a brief narrative describing the compelling need for proposed program to be installed in the statewide inventory of CTE programs and identify related high school CTE programs(s) (program title(s) and program number) and explain why the existing, related high school CTE program(s) will not serve the need. | |
| Click here to enter text. | |
| **Standard Occupational Classification (SOC) Code Justification** | |
| Instructions: Although this request is for a high school level CTE program, please start the SOC code identification process by visiting the Integrated Postsecondary Education Data System (IPEDS) of the National Center for Education Statistics (NCES) [website](https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=56) to access the CIP to Standard Occupational Classification (SOC) crosswalk.   * Download the most recent year CIP to SOC Crosswalk. * Open the file and make sure to open the “CIP-SOC” tab. * Identify and take note of the SOC code(s) for occupations associated with the proposed program’s standards, benchmarks and outcomes.     Should the NCES crosswalk be found to be too limiting, please identify an appropriate SOC code and insert it in the cells below to document primary SOC code recommendation and secondary SOC code recommendations (if applicable). | |
| Primary SOC code title: | Click here to enter text. |
| Primary SOC code (do not use hyphens or periods) | Click here to enter text. |
| Was the NCES Crosswalk used to identify the suggested primary SOC? | Choose an item. |
| If the NCES crosswalk was used, please identify the corresponding CIP codes:  If the NCES crosswalk was not used, please identify how the suggested primary SOC code was derived and how it aligns with the proposed high school CTE program? | |
| Click here to enter text. | |
| What is the associated education level of the proposed primary SOC code? Provide a justification for its use if the proposed SOC code is not leveled at high school diploma level or less than high school diploma level. | |
| Click here to enter text. | |
| Please note that secondary SOC code(s) recommendations are optional and not required. | |
| Secondary SOC code title(s): | Click here to enter text. |
| Secondary SOC code(s) (do not use hyphens or periods): | Click here to enter text. |
| Was the NCES Crosswalk used to identify the suggested secondary SOC? | Choose an item. |
| If the NCES crosswalk was used, please identify the corresponding CIP codes:  If the NCES crosswalk was not used, please identify how the suggested secondary SOC code was derived and how it aligns with the proposed program? | |
| Click here to enter text. | |
| What is the associated education level of the proposed secondary SOC code(s)? Provide a justification for use if the proposed SOC code(s) is not leveled at high school diploma level or less than high school diploma level. | |
| Click here to enter text. | |
| Can students can be employed in the proposed occupations (primary and or secondary) upon completion of the proposed high school CTE program and graduation from high school? | |
| Click here to enter text. | |
| **Labor Market Demand** | |
| Please provide the Labor Market Alignment Documentation and attach as a separate file to accompany this request. Refer to the [Labor Market Alignment Overview](http://www.fldoe.org/core/fileparse.php/5652/urlt/LaborMarketAlignmentOverview.pdf) which details the 2 methods that may be used to substantiate the need for the requested program.  Attach as a separate file using the naming convention:  *Proposed Program Title\_SEC\_LMA\_School District acronym* to accompany this request.  For example: *NetworkTechnician\_SEC\_LMA\_LCPS* | |
| **Curriculum Framework** | |
| Using the [Secondary curriculum framework](http://www.fldoe.org/core/fileparse.php/5652/urlt/HighSchoolCurriculumFramework.docx) include the following:  Standards and benchmarks (student learning outcomes) using CTE template  Proposed Career Cluster and Career Pathway  Proposed Career and Technical Student Organization (CTSO), as applicable  Attach the draft curriculum framework as a separate file using the name convention:  *Proposed Program Title\_SEC\_Framework\_SchoolDistrict Acronym* to accompany this request.  For example: *NetworkTechnician\_SEC\_Framework\_LCPS* | |

|  |  |
| --- | --- |
| **Curriculum and Instruction** | |
| Identify industry certification(s) or licensure exams this program will prepare students to potentially earn (if applicable)? Will school district seek program specific accreditation? If yes, identify the accrediting body? | |
| Click here to enter text. | |
| How will students be recruited to enroll in this program? What kind of student advising will be available for interested students? | |
| Click here to enter text. | |
| Describe how work-based learning opportunities may be provided to students enrolled in this program? | |
| Click here to enter text. | |
| Will any of the program’s proposed courses be delivered in middle school? | Choose an item. |
| Describe the curriculum and instructional materials that will be used to deliver the standards and benchmarks in the proposed curriculum framework? | |
| Click here to enter text. | |
| If planning to use Perkins funds to support this program in the future, describe how the program will meet the Perkins Size, Scope and Quality Standards? | |
| Click here to enter text. | |
| Is the district planning to make this program a Perkins-eligible Program of Study which includes an articulation agreement? | |
| Click here to enter text. | |
| Using the table below, propose the high school course sequence and structure and the course titles associated with the proposed high school CTE program:  Please note, existing CTE courses (i.e., agriscience foundations, digital information technology) may be proposed in the course sequence and structure. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Title** | **Does Course already exist is in the Course Code Directory?** | **Number of Credits** | **Proposed primary or secondary SOC code that aligns with the course**  **(if applicable)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Planning Process** |
| Summarize the internal planning process. In timeline format, please describe the steps your school district took in completing the internal review and approval of the proposed high school CTE program. For example, summarize actions taken by the academic department proposing the program, any non-academic departments, the district-wide curriculum committee, school principals, and any other departments. |
| Click here to enter text. |
| Summarize the external planning process with the business and industry community. In timeline format, please describe your school district’s interactions and engagements with external stakeholders, including but not limited to industry advisory boards meetings, discussions with advisory committees, briefings from local businesses, consultations with employers, and conducting paper and online surveys. |
| Click here to enter text. |
| **Local Approval (Both Must Sign)** |

|  |  |
| --- | --- |
| **Career and Technical Education Director:** | **School District Superintendent (or designee):** |
| Date: Click here to enter a date. | Date: Click here to enter a date. |
| **FDOE Approval:** | |
|  |  |
| Date: Click here to enter a date. | Date: Click here to enter a date. |