

Forms 1-10

Please fill out all forms and return to Merry Kelley no later than October 30.

**No** requisitions will be approved until ALL forms are turned in.

Make sure that when filling out your Advisory Council form, that you include the **business affiliation, address, telephone number and email address. This is necessary for BIC.**

The budget forms have to complete in their entirety. This includes all class fees, etc. This is very important when it comes time for your BIC review as well.



**Form 2 - ADVISORY COUNCIL 2017-2018 SCHOOL YEAR**  
**NAME HERE**

Names of Committee Members (must have 7 members—5 must be from business and industry plus 2 others interested in career/technical education). **Include business affiliation, address, telephone number and email address.**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Give proposed dates for meetings:

1<sup>st</sup> meeting –

2<sup>nd</sup> meeting –

You must have two meetings per year. Also, you must have a program of work for your advisory council with goals and anticipated dates to have the goals completed. On File

Inform advisory council as to mission of your programs: To Train Alabama's Workforce  
On File

Tell council 3 things your program does well.  
On File

**Form 3 - ANNUAL CAREER TECH BUDGET 2017-2018 SCHOOL YEAR**

**NAME HERE**

| <b>INCOME</b>                        |  |
|--------------------------------------|--|
| State Allocated Funds                |  |
| General Program Allocation           |  |
| Maintenance Funds (State Allocation) |  |
| Fee Money (State Allocation)         |  |
| Travel Allocation                    |  |
| State Equipment Funds                |  |
| State Supply                         |  |
| Perkins Equipment                    |  |
| CTSO                                 |  |
| Class/Shop Fess                      |  |
| Donations                            |  |
| Other                                |  |
| <b>TOTAL INCOME:</b>                 |  |
| <b>PROPOSED EXPENSES</b>             |  |
| Consumable Supplies                  |  |
| Periodicals                          |  |
| CTSO                                 |  |
| Other (Director Approval)            |  |
| <b>PROPOSED TOTAL EXPENDITURES:</b>  |  |

**Signatures**

**Instructor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Form 4 - MAINTENANCE 2017-2018 SCHOOL YEAR**  
**NAME HERE**

**Daily**

**Monthly**

**Annually**

**Form 5 - 5 Year Replacement Schedule 2017-2018 SCHOOL YEAR**  
**NAME HERE**

| <b>School Year</b> | <b>Equipment</b> | <b>Cost</b> |
|--------------------|------------------|-------------|
| 17-18              |                  |             |
| 18-19              |                  |             |
| 19-20              |                  |             |
| 20-21              |                  |             |
| 21-22              |                  |             |

**Form 6 - CT Implementation Plan 2017-2018 SCHOOL YEAR**  
**NAME HERE**

**Student's Name** \_\_\_\_\_ **School Year**

\_\_\_\_\_

**Student's Career Objective** \_\_\_\_\_

**Special Education Teacher** \_\_\_\_\_

**Career/Technical Education Program** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**Accommodations needed by the student to be successful:**

**Modifications needed by the student to be successful:**

**Major topics/objectives to be covered and evaluations:**

| <b>Objectives</b> | <b>Evaluation</b> | <b>Date</b> |
|-------------------|-------------------|-------------|
|                   |                   |             |
|                   |                   |             |
|                   |                   |             |

**Competencies required for this career objective:**

**Form 7 - Student Organization 2017-2018 SCHOOL YEAR**

**NAME HERE**

| <b>OFFICERS</b> |  |
|-----------------|--|
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |

**Goals for chapter:**

**Tell how you plan to achieve chapter goals:**

**How do you plan to evaluate your student organization's achievements?**



# Form 9 - CONTINUED COMPLIANCE 2017-2018 SCHOOL YEAR

**NAME HERE**

**School:** \_\_\_\_\_ **Program:** \_\_\_\_\_

*Use the chart below as a checklist to determine the status of each certified program.*

| Section 2/A - Teacher's Section   | To be completed by Teacher(s) of the Program |    |     |          |
|-----------------------------------|--|----|-----|----------|
| Standard/Quality Factor           | Program complies with each Quality Factor.   |    |     | Comments |
|                                   | YES  | NO | N/A |          |
| <b>Standard 1: Purpose</b>        |  |    |     |          |
| T1.1-04 Student Organizations     |  |    |     |          |
| T1.2-04 Program Goals             |  |    |     |          |
| <b>Standard 2: Administration</b> |  |    |     |          |
| T2.1-04 Advisory Committee        |  |    |     |          |
| <b>Standard 4: Finances</b>       |  |    |     |          |
| T4.1-04 Budget Preparation        |  |    |     |          |

| Section 2/B - Technical Teacher's Section   | To be completed by Teacher(s) of the Program |    |     |          |
|---|--|----|-----|----------|
| Standard/Quality Factor                     | Program complies with each Quality Factor.   |    |     | Comments |
|   | YES  | NO | N/A |          |
| <b>Standard 5: Student Services</b>         |  |    |     |          |
| T5.1-04 Student Records                     |  |    |     |          |
| <b>Standard 9: Instructional Staff</b>      |  |    |     |          |
| T9.1 Business/Industry Awareness            |  |    |     |          |
| T9.2 Instructional Competency/Certification |  |    |     |          |
| T9.3 Industry Certification of Teacher      |  |    |     |          |
| A6.4 Program Scheduling                     |  |    |     |          |

| Section 3 - Curriculum Section | To be completed by Teacher(s) of the Program |    |     |          |
|--------------------------------|--|----|-----|----------|
| Standard/Quality Factor        | Program complies with each Quality Factor.   |    |     | Comments |
|                                | YES  | NO | N/A |          |
| <b>Standard 6: Instruction</b> |  |    |     |          |
| LP6.1-04 Curriculum            |  |    |     |          |
| LP6.2-04 Curriculum            |  |    |     |          |

| Section 4 - Teacher Interview Section | To be completed by Teacher(s) of the Program |    |     |          |
|---------------------------------------|--|----|-----|----------|
| Standard/Quality Factor               | Program complies with each Quality Factor.   |    |     | Comments |
|                                       | YES  | NO | N/A |          |
| <b>Standard 1: Purpose</b>            |  |    |     |          |
| T1.1-04 Student Organizations         |  |    |     |          |
| T1.3-04 Partnerships                  |  |    |     |          |
| <b>Standard 5: Student Services</b>   |  |    |     |          |
| T15.1-04 Recruitment/Retention        |  |    |     |          |
| T15.2-04 Student Placement            |  |    |     |          |
| T15.3-04 Student Follow-up            |  |    |     |          |
| <b>Standard 6: Instruction</b>        |  |    |     |          |
| T16.1-04 Curriculum                   |  |    |     |          |
| T16.3-04 Safety                       |  |    |     |          |

| <b>Section 5 - Counselor Interview Section</b>    |  |    |     |                 |
|---|--|----|-----|-----------------|
| <b>Standard/Quality Factor</b>                    | Program complies with each Quality Factor. |    |     | <b>Comments</b> |
|   | YES  | NO | N/A |                 |
| <b>Standard 5: Student Services</b>               |  |    |     |                 |
| CI5.1-04 Student assessment and program placement |  |    |     |                 |

| <b>Section 6 - Cooperative Education Section</b>             |  |    |     |                 |
|--|--|----|-----|-----------------|
| <b>Standard/Quality Factor</b>                               | Program complies with each Quality Factor. |    |     | <b>Comments</b> |
|  | YES  | NO | N/A |                 |
| <b>Standard 10: Cooperative Education</b>                    |  |    |     |                 |
| CE10.1-04 Application/Selection/Placement for Coop Education |  |    |     |                 |
| CE10.2-04 Placement in Training Stations                     |  |    |     |                 |
| CE10.3-04 Training Agreements                                |  |    |     |                 |
| CE10.4-04 Credit for Work-Based Experience                   |  |    |     |                 |
| CE10.5-04 Individual Training Plan                           |  |    |     |                 |
| CE10.6-04 Student Visits                                     |  |    |     |                 |
| CE10.7-04 Evaluation   |  |    |     |                 |
| TI6.1-04 Curriculum  |  |    |     |                 |
| TI6.3-04 Safety  |  |    |     |                 |

| <b>Section 7- Observation Section</b> |  |    |     |                 |
|---------------------------------------|--|----|-----|-----------------|
| <b>Standard/Quality Factor</b>        | Program complies with each Quality Factor. |    |     | <b>Comments</b> |
|                                       | YES  | NO | N/A |                 |
| <b>Standard 3: Learning Resources</b> |  |    |     |                 |
| 03.1-04 Supplemental Materials        |  |    |     |                 |
| <b>Standard 6: Instruction</b>        |  |    |     |                 |
| TI6.3-04 Safety                       |  |    |     |                 |
| <b>Standard 7: Equipment</b>          |  |    |     |                 |
| 07.1-04 Equipment and Tools           |  |    |     |                 |
| <b>Standard 8: Facilities</b>         |  |    |     |                 |
| 08.1-04 Facilities                    |  |    |     |                 |

*To be signed by each teacher of the program*

|  |                    |                   |                    |
|--|--------------------|-------------------|--------------------|
| <i>I certify that this Certification of Continued Compliance represents the current status of my career/technical education program.</i> |                    |                   |                    |
| _____  | _____              | _____             | _____              |
| <i>Instructor</i>  | <i>Date Signed</i> | <i>Instructor</i> | <i>Date Signed</i> |
| _____  | _____              | _____             | _____              |
| <i>Instructor</i>  | <i>Date Signed</i> | <i>Instructor</i> | <i>Date Signed</i> |

I certify the status of this program as determined by this evaluation.

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Local Administrator*

