Annual Work Plan and Reporting Template

**Instructions**: This work plan follows the format of the Application Narrative portion of your local application and should be used to develop the activities that will inform your annual objectives and long-term goals. ***Note that your annual objectives and long-term goals should be described in detail within the Application Narrative (or a separate form), not this work plan.***

Complete each portion of the following template. For each question, you must develop at least one activity and provide answers for all of the subsequent questions. The intent of this work plan is to assist you in developing meaningful activities that will realistically enable you to achieve your annual objectives and long-term goals. At the beginning of each section, there is room to include your annual objectives for fiscal year 2021. Note that you may add more rows for additional activities.

This template also serves as the quarterly reporting template. Thirty days after each quarter, you are required to report on each activity and resubmit this work plan. Note that the quarterly financial reporting will be done in a separate spreadsheet.

**Fiscal Year 2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Work-based Learning | | | | |
| **Annual Objectives**  *(From the 4-Year Local Application Narrative)* | | | | |
| **FY2021:** |  | | | |
| **Questions:**   1. *Provide a description of the work-based learning opportunities that the college will offer CTE students.* | | | | |
| **Activity 1 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| 1. *Describe in detail the coordination and collaboration with local employers to develop or expand work-based learning opportunities.* | | | | |
| **Activity 2 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| 1. *Include information about supporting and engaging Career and Technical Student Organizations (CTSOs).* | | | | |
| **Activity 3 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| Career Exploration, Development, and Guidance | | | | |
| **Annual Objectives**  *(From the 4-Year Local Application Narrative)* | | | | |
| **FY2021:** |  | | | |
| **Questions:**   1. *Describe how career exploration and development coursework, activities, and/or services will be provided.* | | | | |
| **Activity 1 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| * 1. *Include details regarding how career information on employment opportunities that incorporate the most up-to-date information on high-skill, high-wage or in-demand occupations, as determined by the local needs assessment, will be provided to students.* | | | | |
| **Activity 2 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| 1. *Describe how an organized system of career guidance and academic counseling will be provided to students before enrolling and while participating in CTE programs.* | | | | |
| **Activity 3 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| Supporting Special Populations Students | | | | |
| **Annual Objectives**  *(From the 4-Year Local Application Narrative)* | | | | |
| **FY2021:** |  | | | |
| **Questions:**   1. *Describe how the college will support members of special populations in the following ways—*    1. *provide activities to prepare special populations for high-skill, high-wage, or in-demand industry sectors or occupations that will lead to self-sufficiency.* | | | | |
| **Activity 1 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| * 1. *prepare CTE participants for nontraditional fields.* | | | | |
| **Activity 2 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| * 1. *provide equal access for special populations to CTE courses, programs, and programs of study.* | | | | |
| **Activity 3 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| * 1. *ensure that members of special populations will not be discriminated against on the basis of their status as members of special populations.* | | | | |
| **Activity 4 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| Early College Credit | | | | |
| **Annual Objective**  *(From the 4-Year Local Application Narrative)* | | | | |
| **FY2021:** |  | | | |
| **Questions:**   1. *Provide a description of how students can gain postsecondary credit while still attending high school, such as through dual or concurrent enrollment programs or early college credit.* | | | | |
| **Activity 1 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| Enhanced Curriculum and Instruction | | | | |
| **Annual Objectives**  *(From the 4-Year Local Application Narrative)* | | | | |
| **FY2021:** |  | | | |
| **Questions:**   1. *Provide a description of how the college will improve the academic and technical skills of students by strengthening academic and career and technical education components such as the integration of coherent and rigorous content aligned with challenging academic standards.* | | | | |
| **Activity 1 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| 1. *Describe planned efforts that focus on developing and implementing transition points into and out of the program (e.g. Integrated Education and Training (IET), stackable credentials, 2+2 articulation, accelerated pathways).* | | | | |
| **Activity 2 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| 1. *Describe planned efforts that focus on integrating employability skills into CTE programs to prepare students for high wage, high demand occupations.* | | | | |
| **Activity 3 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| Recruitment, Retention, and Professional Preparation, Development, and Training | | | | |
| **Annual Objectives**  *(From the 4-Year Local Application Narrative)* | | | | |
| **FY2021:** |  | | | |
| **Questions:**   1. *Provide a description of how the college will develop, coordinate, implement, and support the following efforts for CTE faculty, administrators, and other CTE professionals, including specialized instructional support personnel and paraprofessionals:*     1. *Recruitment* | | | | |
| **Activity 1 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| 1. *Provide a description of how the college will develop, coordinate, implement, and support the following efforts for CTE faculty, administrators, and other CTE professionals, including specialized instructional support personnel and paraprofessionals:*     1. *Retention* | | | | |
| **Activity 2 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| 1. *Provide a description of how the college will develop, coordinate, implement, and support the following efforts for CTE faculty, administrators, and other CTE professionals, including specialized instructional support personnel and paraprofessionals:*     1. *Training and professional development* | | | | |
| **Activity 3 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| 1. *Provide a description of how the college will develop, coordinate, implement, and support the following efforts for CTE faculty, administrators, and other CTE professionals, including specialized instructional support personnel and paraprofessionals:*     1. *Preparation, including supporting these individuals in the transition to teaching* | | | | |
| **Activity 4 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| 1. *Provide a description of how the college will develop, coordinate, implement, and support the following efforts for CTE faculty, administrators, and other CTE professionals, including specialized instructional support personnel and paraprofessionals:*     1. *How individuals from groups underrepresented in the teaching profession will be recruited, retained, and provided with professional preparation, development, and training* | | | | |
| **Activity 5 Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How will this activity ensure the attainment of each objective?** | |  | | |
| **How will this activity contribute to the college’s long term CTE goals?** | |  | | |
| **Was this activity outlined in your Performance Improvement Plan?** | | Yes  1P1  2P1  3P1  No | | |
| **How do you plan to determine the effectiveness of this activity?** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the above activity in terms of the progress of the activity and any changes or obstacles. Make this reporting information as usable as possible; this is a great tool for tracking the progress of your initiatives. Once the activity is complete, you must include information on final outcomes and if you plan to continue this activity into the following fiscal year. | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |
| **Programs of Study**   1. *Provide a description of any new programs of study that will be developed and submitted to the State for approval. Address**all**six requirements of a program of study, identifying what currently exists and what needs to be created or implemented.* ***For any programs of study that have not yet been approved by the ICCB, please complete the Programs of Study Approval Application.***    1. *How did the local needs assessment inform the selection of CTE programs and activities selected to be funded?*    2. *How will these program(s) be aligned to the local/regional labor market?*    3. *Provide specific information regarding how the program(s) will fit into a career pathway.*    4. *Include if the program of study includes an industry recognized credential* 2. *Describe how students, including students who are members of special populations, will learn about CTE course offerings and whether each course is part of a CTE program of study.* | | | | |
| **Program of Study Description** | |  | **Estimated Perkins Resources:**  **$** | |
| **How did the Comprehensive Local Needs Assessment inform the selection of CTE programs and activities selected to be funded?** | |  | | |
| **How will these program(s) be aligned to the local/regional labor market?** | |  | | |
| **Provide specific information regarding how the program(s) will fit into a career pathway.** | |  | | |
| **Does this Program of Study include any industry recognized credentials?**  **If so, please list them.** | |  | | |
| **Describe how students, including students who are members of special populations, will learn about CTE course offerings and whether each course is part of a CTE program of study.** | |  | | |
| **Quarterly Reporting:**  Quarterly, please provide an update on the development and implementation of your program of study focus, as well as any changes or barriers encountered. Make this reporting information as usable and as detailed as possible; this is a great tool for tracking the progress of implementation. At the end of the fiscal year, you must include information on the following:   * final outcomes * progress with development and implementation * what obstacles you encountered * what actions you plan to take for the following fiscal year | | | |
| * Quarter 1 (July 1- September 30)   *Due October 30* | |  | | |
| * Quarter 2 (October 1- December 31)   *Due January 30* | |  | | |
| * Quarter 3 (January 1-March 31)   *Due April 30* | |  | | |
| * Quarter 4 (April 1- June 30)   *Due July 30* | |  | | |