



NOTICE OF INTENT TO PARTICIPATE IN Spring 2016 CAREER & TECHNICAL EDUCATION (CTE) PROGRAM APPROVAL PROCESS

SCHOOL DISTRICT/REGION NAME: _____
 SUPERINTENDENT: _____
 ADDRESS: _____ CITY _____ RI, ZIP _____
 PHONE: _____
 EMAIL: _____
 DIRECTOR/PRINCIPAL: _____
 SCHOOL NAME: _____
 EMAIL: _____
 INSTRUCTOR NAME: _____
 EMAIL: _____

PROGRAM OF STUDY NAME: _____

PROGRAM TYPE (select 1) Traditional ___ Accredited ___ Innovative ___

LIST THE COURSE SEQUENCE FOR THE PROGRAM OF STUDY:
 9th grade _____
 10th grade _____
 11th grade _____
 12th grade _____

Please refer to the attached [CTE Regulations](#) for program standards **and** the [CTE Program Approval rubric](#) to better determine program readiness for the approval process.

2014 – 15 PROGRAM OF STUDY STUDENT ENROLLMENT:

_____ (1st course)
 _____ (2nd course)
 _____ (3rd course if applicable)

I (we) have read the 2012 CTE Regulations and Standards and I (we) understand that this school district must be in full compliance with all Federal/State education laws/regulations and acknowledge that selection to participate in the program approval process is at the discretion of the Rhode Island Department of Education based on the number of programs that can be reviewed during Spring 2016.

 Superintendent

 Director/Principal

 Date

 Date

Please complete and return this form to: CTEProgramApproval@ride.ri.gov by **November 13, 2015**.

It is hereby stated that the Rhode Island Department of Education does not discriminate on the basis of age, color, sex, sexual orientation, race, religion, ethnicity, national origin or disability.