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| Career and Technical EducationNew York State Education DepartmentApproved Program Amendment Form |

Instructions: Use this form to identify any amendments to your approved program occurring during the five year approval period. Submit a separate form for each program that requires an amendment. If you have been notified by the CTE office that you need to re-approve your program, include your program amendments with the re-approval application only. You do not need to submit this form. Complete all information required for the amendments in the spaces provided below. A signed form with copies of related documents should be mailed to: New York State Education Department, Career and Technical Education Office, 89 Washington Avenue, Room 315 EB, Albany, New York 12234.

Note: All New York City Department of Education CTE Programs must complete and submit this form directly to the Program Quality Team. Please complete and submit forms to Omari Gay at ogay@schools.nyc.gov.

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## Approved Program Information

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| School District or BOCES: |  | | |
| Program Name: |  | | |
| SED Program Number: |  | | CIP Code: |
| Contact Name: |  | | |
| Contact Address: |  | | |
| Contact City, State, Zip: |  | | |
| Contact Phone: |  | Contact Fax: | |
| Contact E-mail Address: |  | | |

## Approved Program Amendments

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| **Type of Amendment Requested (check all that apply)**: | | **Rationale for Each Amendment Request (attach any supporting documents)**: |
|  | A. Program Information (as identified above) |  |
|  | B. Achievement Data |  |
|  | C. Content (attach as needed-course curriculum, content outlines, pacing charts, standards crosswalks) |  |
|  | D. Work-Based Learning (change or add registered WBL programs or WBL coordinator) |  |
|  | E. Technical Assessment (attach as needed-test specifications, test blueprint, Pathway +1 option assessment details)  Replace Current Technical Assessment  Add to Current Technical Assessment |  |
|  | F. Articulation Agreements (attach as needed-signed formal agreement between parties, addendums) |  |
|  | G. Faculty (attach as needed-certifications, resumes, evidence of expertise) |  |
|  | Other (please explain) |  |

## Chief Administrator’s Certification

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| I hereby certify that all components of the Career and Technical Education Program reported herein are available to students upon approval of this application by the State Education Department. I certify that data on student progress and performance to evaluate student success on Regents examinations or approved alternatives, technical assessments, and placement in employment, the military or postsecondary education programs will be made available to the State Education Department upon request. | | |
| Chief Administrative Officer Signature | Title | Date |

## FOR SED USE ONLY

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|  | Approved | |  | Not Approved |
| Reviewer’s Signature | | Date | | |