|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CEPD: |  |  | School District: |  |
| Region: |  |  | School Year: |  |
| Program Name: |  |  |  |  |
| CIP Number: |  |  |  |  |
| Program PSN: |  |  |  |  |

NOTE: Address, City, State, Zip Code, and Phone Number are optional items.

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| **Advisory Committee Chairperson:**  Required: Chairperson must be from business/industry. | | |
| Name: |  |
| Position/Title: |  |
| Company: |  |
| Address: |  |
| City: |  |
| Zip Code: |  |
| Phone Number: |  |
| E-mail Address: |  |

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| **Program Instructor(s):** | | | | |
| Name: |  |  | Name: |  |
| Position/Title: |  |  | Position/Title: |  |
| Company: |  |  | Company: |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |
|  |  |  |  |  |
| Name: |  |  | Name: |  |
| Position/Title: |  |  | Position/Title: |  |
| Company: |  |  | Company: |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |

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| **Local School District Personnel:**  Recommended: 1 CTE Director/Administrator, 1 Guidance Counselor | | | | |
| Name: |  |  | Name: |  |
| Position/Title: |  |  | Position/Title: |  |
| Company: |  |  | Company: |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |
|  |  |  |  |  |
| Name: |  |  | Name: |  |
| Position/Title: |  |  | Position/Title: |  |
| Company: |  |  | Company: |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |

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| **Parent Advisory Member(s):**  Required: 1 Parent | | | | |
| Parent Name: |  |  | Parent Name: |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |

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| **Student Advisory Member(s):**  Recommended: 1 Student | | | | |
| Student Name: |  |  | Student Name: |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |

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| **Post-Secondary Advisory Member(s):**  Required: 1 post-secondary representative | | | | |
| Name: |  |  | Name: |  |
| Position/Title: |  |  | Position/Title: |  |
| Company: |  |  | Company: |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |

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| **Industry Advisory Committee Members:**  Required: Majority must be representatives of business/industry specific to CTE program. | | | | |
| Name: |  |  | Name: |  |
| Position/Title: |  |  | Position/Title: |  |
| Company: |  |  | Company; |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |
|  |  |  |  |  |
| Name: |  |  | Name: |  |
| Position/Title: |  |  | Position/Title: |  |
| Company: |  |  | Company; |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |
|  |  |  |  |  |
| Name: |  |  | Name: |  |
| Position/Title: |  |  | Position/Title: |  |
| Company: |  |  | Company; |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |

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| --- | --- | --- | --- | --- |
| Name: |  |  | Name: |  |
| Position/Title: |  |  | Position/Title: |  |
| Company: |  |  | Company; |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |
|  |  |  |  |  |
| Name: |  |  | Name: |  |
| Position/Title: |  |  | Position/Title: |  |
| Company: |  |  | Company; |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |
|  |  |  |  |  |
| Name: |  |  | Name: |  |
| Position/Title: |  |  | Position/Title: |  |
| Company: |  |  | Company; |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |
|  |  |  |  |  |
| Name: |  |  | Name: |  |
| Position/Title: |  |  | Position/Title: |  |
| Company: |  |  | Company; |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |
|  |  |  |  |  |
| Name: |  |  | Name: |  |
| Position/Title: |  |  | Position/Title: |  |
| Company: |  |  | Company; |  |
| Address: |  |  | Address: |  |
| City: |  |  | City: |  |
| Zip Code: |  |  | Zip Code: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |