

Notification of Changes To Secondary Career and Technical Education Course Offering(s)

1. School

| | |
|---------------|------------------------------------------------------------------------|
| School # 5193 | School Name Franklin Central High School |
| Corp #5310 | School Corporation Name Franklin Township Community School Corporation |

2. Area CTE District

| | |
|--------------------------------------------------|----------------------------|
| Member of Area CTE District? ___ No <u>X</u> Yes | |
| Area CTE District # | 37 |
| Area CTE District Name | Central Nine Career Center |

3. Anticipated Start Date: _____

4. Course Titles to be added or removed:

| Add/ Remove | IDOE Course # | IDOE Course Title (state-approved course titles required) | Indiana College & Career Pathway(s) in which course will be used |
|----------------|------------------|--------------------------------------------------------------|---------------------------------------------------------------------|
| Add | 5340 | Advanced Nutrition and Wellness | Health Careers |
| Add | 5966 | Entrepreneurship and New Ventures | Business Careers |
| | | | |

5. Teacher(s):

| Course # | Teacher Last Name | First Name | MI | Teacher License # |
|----------|-------------------|------------|----|-------------------|
| 5340 | Brown | Kay | | 1179441 |
| 5966 | Jackson | Sharon | | 1226000 |

6. The applicant assures:

- a. The course/program is available to all students of legal age.
- b. Compliance with all rules, policies and regulations governing Career & Technical Education.
- c. An advisory board for this program is established and meets at least annually to ensure that :
 - a. State standards for each course have been reviewed and are in compliance,
 - b. Resources (including facilities, equipment, software, etc.) are appropriate, and
 - c. Curriculum and assessment strategies are appropriate.

7. Verification of approval to add/remove CTE courses:

- Attach minutes of the school board or Area CTE District governing board/meeting in which the addition/removal of CTE course(s) was approved, **or**
- Provide the names and signatures of the members of the governing board verifying that that the addition/removal of the CTE courses was approved by the governing board.

8. Required signature(s):

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>By my signature below, I verify that the Governing/Management Board has approved the addition or removal of the CTE courses listed in this document and that the assurances listed above will be met:</i> | |
| Governing Board Chair Name: Bill Maschmeyer, President, Central Nine Governing Board | |
| Signature | Date: |
| E-mail: maschmeyerb@franklinschools.org | Phone: 317-888-4401 |

9. Contact information:

| | |
|---------------------------------------|---------------------------|
| Name Kevin Koers | Position Principal |
| E-mail kevin.koers@ftcsc.k12.in.us | Phone 317-862-6646 |
| Mailing address 6215 S. Franklin Road | |
| City Indianapolis | ST Indiana Zip-Code 46259 |