

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

1. School

School # <u>5307</u>	School Name <u>PERRY MERIDIAN H.S.</u>
Corp # <u>5340</u>	School Corporation Name <u>MSD PERRY TOWNSHIP</u>

2. Area CTE District

Member of Area CTE District? <u> </u> No <u> </u> Yes	
Area CTE District #	<u>37</u>
Area CTE District Name	<u>CENTRAL 9</u>

3. Anticipated Start Date: JULY 30, 2013

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
<u>ADD</u>	<u>5394</u>	<u>PREPARING FOR COLLEGE/CAREERS</u>	
<u>ADD</u>	<u>4540</u>	<u>PERSONAL FINANCIAL RESPONSIBILITY</u>	

5. Teacher(s):

Course #	Teacher Last Name	First Name	MI	Teacher License #
<u>5394</u>	<u>FLECK</u>	<u>MARIEE</u>		<u>1535393</u>
<u>4540</u>	<u>FLECK</u>	<u>MARIEE</u>		<u>1535393</u>

6. The applicant assures:

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

9. Contact Information:

Name <u>BRAD MILLER</u>	Position <u>GUIDANCE DIR.</u>
E-mail <u>bmiller@perry.k12.in.us</u>	Phone <u>317-789-4461</u>
Mailing address <u>401 W. MERIDIAN SCHOOL RD.</u>	
City <u>INDIANAPOLIS</u>	Zip-Code <u>46217</u>