

1. School

School # <u>5193</u>	School Name <u>FRANKLIN CENTRAL High SCHOOL</u>
Corp # <u>5310</u>	School Corporation Name <u>FRANKLIN TOWNSHIP COMMUNITY SCHOOL CORP.</u>

2. Area CTE District

Member of Area CTE District? <input type="checkbox"/> No <input type="checkbox"/> Yes
Area CTE District #
Area CTE District Name

3. Anticipated Start Date: JULY, 2017

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>4826-1</u>	<u>DIGITAL ELECTRONICS 1 (PLTW)</u>	<u>ENGINEERING & TECHNICAL EDUCATION</u>
<u>ADD</u>	<u>4826-2</u>	<u>DIGITAL ELECTRONICS 2 (PLTW)</u>	<u>ENGINEERING & TECHNICAL EDUCATION</u>

5. Teacher(s):

Course #	Teacher Last Name	First Name	MI	Teacher License #
<u>4826-1</u>	<u>GLICK</u>	<u>JAY</u>	<u>M.</u>	<u>1535767</u>
<u>4826-2</u>	<u>GLICK</u>	<u>JAY</u>	<u>M.</u>	<u>1535767</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>Kevin Koers</u>	Position <u>Principal</u>
E-mail <u>kevin.koers@ftcsc.k12.in.us</u>	Phone <u>317-862-6646</u>
Mailing address <u>6215 S. Franklin Rd.</u>	
City <u>Indianapolis</u>	ST <u>IN</u> Zip-Code <u>46259</u>