

1. School

School #	School Name <i>Southport High School</i>
Corp #	School Corporation Name <i>Perry Township</i>

2. Area CTE District

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

3. Anticipated Start Date: *July 2019*

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
<i>Add</i>	<i>4560</i>	<i>Business Law and Ethics</i>	<i>Accounting and Finance</i>
<i>Add</i>	<i>5236</i>	<i>Computer Science II</i>	<i>Computer Science</i>

5. Teacher(s):

Course #	Teacher Last Name	First Name	MI	Teacher License #
<i>4560</i>	<i>Bernard</i>	<i>Cissell</i>		<i>10158662</i>
<i>5236</i>	<i>Snedgrass</i>	<i>Mark</i>		<i>1423395</i>

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

8. 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. 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
Area CTE Director Name	
Signature	<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Date	
Justification for denial (if applicable)	
E-mail	Phone

9. Contact information:

Name <i>Julie Fierce</i>	Position <i>Director of Counseling</i>
E-mail <i>jfierce@perryschools.org</i>	Phone <i>317-789-4861</i>
Mailing address <i>971 E. Banta Rd</i>	
City <i>Indpls</i>	ST <i>IN</i> Zip-Code <i>46227</i>

1. School

School #	School Name <u>Southport High School</u>
Corp #	School Corporation Name <u>Perry Township</u>

2. Area CTE District

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

3. Anticipated Start Date: July 2019

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	4518	Introduction to Business	Marketing Management
Add	5974	Work Based Learning	Multiple Pathways

5. Teacher(s):

Course #	Teacher Last Name	First Name	MI	Teacher License #
4518	Slaughter	Kenneth		10103834
5974	Bernard	Cissell		10158662

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

8. 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. Required signature(s):

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:	
Governing Board Chair Name	
Signature	Date
E-mail	Phone
Area CTE Director Name	
Signature	Date
Justification for denial (if applicable)	
E-mail	Phone

9. Contact information:

Name <u>Julie Fierce</u>	Position <u>Director of Counseling</u>
E-mail <u>jfierce@perry-schools.org</u>	Phone <u>317-789-4861</u>
Mailing address <u>971 E. Santa Rd.</u>	
City <u>Indianapolis</u>	ST <u>IN</u> Zip-Code <u>46227</u>

1. School

School #	School Name <u>Southport High School</u>
Corp #	School Corporation Name <u>Perry Township</u>

2. Area CTE District

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

3. Anticipated Start Date: July 2019

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	5336	Human + Social Services I	Human + Social
Add	5462	Human + Social Services II	Services
Add	5232	Interactive Media	Interactive media

5. Teacher(s):

Course #	Teacher Last Name	First Name	MI	Teacher License #
5336/5462	Fleck	Mariette		1535393
5232	Berghoff	Sara		1575054

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

8. 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. Required signature(s):

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:	
Governing Board Chair Name	
Signature	Date
E-mail	Phone
Area CTE Director Name	
Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Deny	
Justification for denial (if applicable)	
E-mail	Phone

9. Contact information:

Name <u>Julie Fierce</u>	Position <u>Director of Counseling</u>
E-mail <u>jfierce@perry-schools.org</u>	Phone <u>317-789-4861</u>
Mailing address <u>971 E. Banta Rd</u>	
City <u>Indpls</u>	ST <u>IN</u> Zip-Code <u>46227</u>

1. School

School #	School Name <u>Southport High School</u>
Corp #	School Corporation Name <u>Perry Township</u>

2. Area CTE District

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

3. Anticipated Start Date: July 2019

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	5412	Early Childhood Education I	
Add	5406	Early Childhood Ed, II	Early Childhood
Add	5408	Education's Professional Education	

5. Teacher(s):

Course #	Teacher Last Name	First Name	MI	Teacher License #
5412/5406	Fleck	Mariette		1535393
5408	Fleck	Mariette		

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

8. 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. Required signature(s):

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:	
Governing Board Chair Name	
Signature	Date
E-mail	Phone
Area CTE Director Name	
Signature	<input type="checkbox"/> Approve <input type="checkbox"/> Deny Date
Justification for denial (if applicable)	
E-mail	Phone

9. Contact information:

Name <u>Julie Fierce</u>	Position <u>Director of Counseling</u>
E-mail <u>jfierce@perry-schools.org</u>	Phone <u>317-789-4861</u>
Mailing address <u>971 E. Santa Rd</u>	
City <u>Indpls</u>	ST <u>IN</u> Zip-Code <u>46227</u>

1. School

School #	School Name <u>Southport High School</u>
Corp #	School Corporation Name <u>Perry Township</u>

2. Area CTE District

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

3. Anticipated Start Date: July 2019

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>4803</u>	<u>Intro to Computer Science</u>	<u>Computer Science</u>

5. Teacher(s):

Course #	Teacher Last Name	First Name	MI	Teacher License #
<u>4803</u>	<u>Snodgrass</u>	<u>Mark</u>		<u>1423395</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

8. 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. Required signature(s):

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:	
Governing Board Chair Name	
Signature	Date
E-mail	Phone
Area CTE Director Name	
Signature <input type="checkbox"/> Approve <input type="checkbox"/> Deny	Date
Justification for denial (if applicable)	
E-mail	Phone

9. Contact information:

Name <u>Julie Fierce</u>	Position <u>Director of Counseling</u>
E-mail <u>jfierce@perryschools.org</u>	Phone <u>317-789-4861</u>
Mailing address <u>971 E. Banta Rd</u>	
City <u>Indpls</u>	ST <u>IN</u> Zip-Code <u>46227</u>