



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF LEARNING SERVICES – OFFICE OF COLLEGE AND CAREER READINESS

**APPLICATION FOR APPROVAL OF CAREER EDUCATION PROGRAMS  
SECONDARY/ADULT ONLY**

**INSTRUCTIONS**

Applications should be submitted between September 1 and May 1 for consideration for the upcoming school year. Applications and supporting documentation may be submitted electronically or via mail to the appropriate Career Technical Education (CTE) program. For assistance in program development or implementation, contact the appropriate Department of Elementary and Secondary Education (DESE) section.

Questions? Contact Coordinator of Career Education 573-751-3500 or email [webreplyvae@dese.mo.gov](mailto:webreplyvae@dese.mo.gov).

Mailing Address: Career Technical Education (CTE) program  
Missouri Department of Elementary and Secondary Education  
P.O. Box 480  
Jefferson City, MO 65102-0480

CAREER TECHNICAL EDUCATION (CTE) PROGRAM	EMAIL	PHONE
Agriculture Education	<a href="mailto:dese.ag@dese.mo.gov">dese.ag@dese.mo.gov</a>	573-522-6538
Business Education	<a href="mailto:dese.bmit@dese.mo.gov">dese.bmit@dese.mo.gov</a>	573-751-4367
Family Consumer Sciences and Human Services	<a href="mailto:dese.fcs@dese.mo.gov">dese.fcs@dese.mo.gov</a>	573-751-7964
Health Sciences	<a href="mailto:dese.health@dese.mo.gov">dese.health@dese.mo.gov</a>	573-751-3407
Marketing and Cooperative Education	<a href="mailto:dese.bmit@dese.mo.gov">dese.bmit@dese.mo.gov</a>	573-751-4367
Skilled Technical Sciences	<a href="mailto:dese.sts@dese.mo.gov">dese.sts@dese.mo.gov</a>	573-522-5804
Technology and Engineering	<a href="mailto:dese.ths@dese.mo.gov">dese.ths@dese.mo.gov</a>	573-751-7764

**SUPPORTING DOCUMENT REQUIREMENTS**

Provide the following information in a separate document:

1. Provide the rationale for the program. You must address all of the following:
  - a. Student Interest – The survey data must be derived from Missouri Connections or a similar student interest assessment. An area-career-center request must include survey data from all sending schools assigned to that career center.
  - b. Local/Regional workforce data
  - c. Anticipated enrollment and location of program
  - d. Letters of support from key business and industry
  - e. Recommendations from an advisory committee (include a list of advisory committee members by position i.e. parent, school board members, business/industry representative, etc.)
2. List the program goals and objectives in measurable terms.
3. Provide a topical outline of major units of instruction in the proposed program.
4. Identify program instructional contact hours, course sequence and grade levels (if applicable).
5. Identify major methods of instructional delivery (laboratory, classroom, project-based, problem-based, etc.).
6. Identify the Career Technical Student Organization, and describe how it will be used to support curriculum, instruction and assessment.
7. Identify postsecondary partners and/or business/apprenticeship partners. Provide a brief summary of possible postsecondary articulation agreements/dual credit agreements and/or partnership agreements that will be put in place once program/course is operational.
8. Identify and describe opportunities for assisting students in transitions to the workplace or continued education through such activities and experiential education, cooperative education, internships, apprenticeships, job shadowing, and job placement.
9. Identify the assessment plan to measure student progress including competency achievement. Include the Technical Skill Assessment (TSA)/Industry-Recognized Certificate (IRC) that will be used.
10. Identify the plan for evaluating the effectiveness of the program, including evaluation instrument(s) used, methods of evaluation, and how results will be used for program improvement. For secondary level programs, identify the process for including program improvements in the overall district school improvement plan.

Notes

- Requests for new program approval must address items 1-10 above.
- Requests for program expansion (adding additional instructor time to an already existing approved program in the same building) must address any items listed above that will change as a result of adding additional instructor time.
- Curriculum must be more advanced for an adult student to be eligible for financial aid.
- Requests for approval of Project Lead The Way (PLTW) programs only need to complete page 2 of the application and address items 1, 2, and 6 above. Attach a copy of the signed agreement between the school district and PLTW. [https:// www.pltw.org/get-involved/register-pltw](https://www.pltw.org/get-involved/register-pltw)

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by person with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

**LOCAL EDUCATIONAL INFORMATION**

LOCAL EDUCATION AGENCY (LEA)		COUNTY-DISTRICT CODE	
PROGRAM CONTACT PERSON		TITLE	
EMAIL ADDRESS		PHONE NUMBER	
PROGRAM TYPE New Program (program is new to a building regardless of whether or not it is running in another building within the district) <input type="checkbox"/> Yes <input type="checkbox"/> No Is the program replacing another one? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of the program being replaced _____ Expansion <input type="checkbox"/> Yes <input type="checkbox"/> No (adding an instructor to a program in the same building)			
PROGRAM LEVEL <input type="checkbox"/> SECONDARY (04) <input type="checkbox"/> ADULT (10)		SCHOOL YEAR	
PROGRAM AREA <input type="checkbox"/> Agricultural Education (01) <input type="checkbox"/> Business Education (02) <input type="checkbox"/> Cooperative (03) <input type="checkbox"/> Marketing Education (04) <input type="checkbox"/> Health Sciences (05) <input type="checkbox"/> Project Lead the Way (PLTW) Biomedical (05) <input type="checkbox"/> Family Consumer Sciences and Human Services (07) <input type="checkbox"/> Skilled Technical Sciences (08) <input type="checkbox"/> Project Lead the Way (PLTW) Engineering (10) <input type="checkbox"/> Project Lead the Way (PLTW) Computer Science (10)			
PROGRAM TITLE	PROGRAM/COURSE CODE	CLASSIFICATION OF INSTRUCTIONAL PROGRAMS (CIP) CODE	NUMBER OF HOURS PER YEAR
BUILDING CODE		NAME OF BUILDING WHERE PROGRAM WILL BE LOCATED	

**ASSURANCE**

Approval and funding, if applicable, is contingent upon compliance with the following assurances:

1. The program will have and continue to operate an advisory committee consisting of appropriate business, industry, school administrator, parent, and student members.
2. The program will report state-required performance measurement data, if applicable.
3. The program will comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, and the Individuals with Disabilities Education Act Amendments of 1997.
4. The program's teacher of record will have appropriate certification/licensure which corresponds to how data is reported to Core Data.
5. Facilities and equipment are safe, adequate and appropriate to meet program goals and content standards.
6. Articulation/dual credit agreements will be implemented with the appropriate postsecondary institution within one year of program startup.
7. The appropriate career and technical student organization will be affiliated at the national level.
8. A fully aligned, competency-based curriculum will be developed prior to beginning instruction.
9. Current state program standards will be met.
10. The program will be transitioned to the appropriate program of study.
11. Please see additional requirements on page 1.

AUTHORIZED REPRESENTATIVE SIGNATURE		DATE
PRINT AUTHORIZED REPRESENTATIVE NAME	AUTHORIZED REPRESENTATIVE EMAIL ADDRESS	AUTHORIZED REPRESENTATIVE PHONE NUMBER