



20__ - 20__ Annual Assurances Check List

Program Name:

CIP #:

Instructor(s):

- CRITERION 1:** Program meets current state program standards
- CRITERION 2:** The approved course sequence for the program matches the CaTE data. Course outlines are on file locally.
- CRITERION 3:** Course competency profiles are on file for each course in the sequence. Completed competency profiles are on file locally for all program completers. Completers match numbers submitted for CaTE data collection.
- CRITERION 4:** Program has established an Advisory Committee that meets program requirements and consists of representatives from program related business, industry and postsecondary education.
- CRITERION 5:** Students have experience-based learning opportunities directly related to the program.
- CRITERION 6:** Post-secondary program connections are available.
- CRITERION 7:** Annual Program Improvement Plan has been developed with and validated by program advisory committee chair, superintendent or designee and local board president.

Criterion 1-7 are met as of _____, 20__

Program Instructor(s) Signature: _____

CTE Coordinator Signature: _____

General Comments:

Due: Second Friday of September each year to CTE Coordinator