OREGON DEPARTMENT OF **EDUCATION**

Office of Educational Improvement and Innovation
Public Service Building
255 Capitol Street NE
Salem, OR 97310-0203
503-947-5600
Fax 503-378-5156
http://www.ode.state.or.us/go/cte/

CTE™
Learning that works
for Oregon

COMMUNITY COLLEGES AND WORKFORCE DEVELOPMENT
WORKSOURCE OREGON

Oregon Department of Community Colleges and Workforce Development
Public Service Building
255 Capitol Street NE
Salem, OR 97310-0203
503-378-8648
Fax 503-378-3365
http://www.odccwd.state.or.us/prgapproval/

Career and Technical Education
Program of Study Renewal
2013 Version
Due: June 28, 2013

Step 1 – Online CTE Program Update
   a. Login to District Website site and select CTE Program Update from your list of available items (be sure Update is set to 2013-13 program year)
   b. Update course information for this CTE Program of Study
   c. Submit to CTE Regional Coordinator (be sure all items are completed before submitting)
Step 2 – Complete this *2013 CTE POS Renewal form* (make sure all items are complete)
   a. Program ID Page (Page 1 of this Form) complete
   b. Provide a link to Career Pathway visual (on Page 1 below), or attach visual electronically to this *2013 CTE POS Renewal form*
   c. Complete CTE Course-to-Standards Crosswalk Matrix (use one of the ODE Cluster templates, or a similar local form); attach matrix to this *2013 CTE POS Renewal form*
   d. Indicate on the Matrix (above) those courses that trigger the Technical Skill Assessment(s)
   e. Enclose evidence of Student Support Services that are specific to this CTE POS (see next page)
   f. Print out Assurances page, secure signatures, and scan as attachment to this *2013 CTE POS Renewal form* (or fax to ODE – 503-378-5156, c/o Ilene Spencer)
Step 3 – Submit this *2013 CTE POS Renewal form* and attachments to Regional Coordinator for local approval
Step 4 – CTE Regional Coordinator: Review and approve appropriate CTE Program Update submission on website; then review and approve appropriately completed *2013 CTE POS Renewal form* and attachments
Step 5 – Finally, forward appropriately completed and approved *2013 CTE POS Renewal form* and attachments to ODE at this email address: POS.Application@state.or.us). **DEADLINE: June 28, 2013.**

CTE POS—Title:	Office Systems
Career Learning Area:	Business and Management
Cluster Area:	OFFICE SYSTEMS
Focus Area: (if applicable)	

Secondary School Name:	Community School (Merlo Station High School)	
Secondary (lead) teacher:	Nancy Smith	

Teacher CTE Endorsement:	Administrative Services	
Secondary/Postsecondary CTE POS **Career Pathway Map/Visual Hyperlink:**	**https://sites.google.com/a/beaverton.k12.or.us/merlostation/mschs**	No link; secondary visual included as addendum

Community College Name:	**Portland Community College**	
College Point of Contact:	Amy Clubb	
Community College CTE Program Title:	Computer Applications Systems	
Community College Award:	AAS	
Community College CTE POS **Career Pathway Map/Visual Hyperlink**: (if different than visual link in secondary section above)	http://www.pcc.edu/programs/computer-applications/	

CTE Regional Coordinator/Contact:	Lynn Wilson-Dean

Student Support Services

Directions:
1. Complete the Expectations section below as evidence of the secondary (**Sec**) and postsecondary (**Psec**) Student Support Services that you provide specifically for students studying in this CTE Program of Study - and/or -
2. Enclose (as links in the Comments box below or as attachments) documents that demonstrate Student Support Services that you provide specifically for students studying in this CTE Program of Study (both **Sec** and **Psec**)

Expectations
Check the applicable boxes below that indicate the level of Student Support Services you provide for students studying in this CTE Program of Study. (Boxes not checked should be explained in the Comments box below.)

Sec	Psec	Student Service Provided
X		Students receive information, guidance, and/or counseling specific to this CTE Program of Study, including career and job market information, and college program information.http://www.beaverton.k12.or.us/home/departments/instruction/counseling/bsd-college-career-centers/
X		Students participate in CTE POS specific career related learning experiences or related work experience.
X		Students' education planning is developed around information specific to this CTE Program of Study.http://www.beaverton.k12.or.us/home/departments/instruction/counseling/
X		Extended application projects or capstone experiences are developed within the context of this CTE Program of Study.
X		Written information is provided to all students in this CTE Program of Study informing them of available articulated college (or university) credits, dual credit, expanded options, scholarships, and other postsecondary opportunities.https://sites.google.com/a/beaverton.k12.or.us/merlostation/afterhs
X		Efforts are made to provide information to students who are considered non-traditional by gender to the occupations resulting from this CTE Program of Study.
X		Access and recruitment to courses in this CTE POS are provided for all students including, but not limited to all Oregon and federal protected classes.http://www.beaverton.k12.or.us/home/schools/merlo-community-school/
X		Accommodations are made to assure students with special needs can participate in this CTE POS.http://www.beaverton.k12.or.us/home/schools/option-schools-and-programs/high-school-options-overview/
X		Assistance is provided for students wishing to participate in this CTE POS for whom English is not their native language.http://www.beaverton.k12.or.us/home/schools/option-schools-and-programs/

Evidence
*During an ODE/CCWD audit, you may be asked for documentation or evidence of meeting the expectations listed above. Indicate where documentation may be found by providing links in the Comments box below, or by describing where documentation is kept, or by attaching documents to this **2013 CTE POS Renewal form**.*

Sec	Psec	Evidence/documentation location (check those that apply)
		Links to documentation are included in Comments box below
		Description of where documentation can be found is included in Comments box below
X		Actual Student Support Services documents are attached to this **2013 CTE POS Renewal form**

TSA: NOCTI Business Information Processing Performance Assessment

Certification of Assurance

Directions: After filling in all the appropriate fields in this form, including the fields on this page, print out a copy of this Certification of Assurance page and acquire all the appropriate signatures. All signatures must be on one form. Mail complete, signed Assurance form to Ilene Spencer at: ODE, 255 Capitol St. NE, Salem, OR 97310

Name of CTE POS	OFFICE SYSTEMS
Name of Secondary School	Community School (Merlo Station High School)
Name of Community College	**Portland Community College**

SECONDARY LOCAL SUPPORT and CERTIFICATE OF ASSURANCE	I have reviewed this CTE Program of Study (CTE POS) Renewal form for continued adherence to CTE POS quality standards, and support its renewal. I agree that this CTE POS continues to comply with requirements for secondary CTE POS, including appropriate CTE certification for teachers, the rules and regulations for Public Law 101-**SECONDARY**392, and the requirements contained in the Oregon State Plan for Career and Technical Education. I agree to furnish CTE data as requested by the Oregon Department of Education.

Secondary School District Administrator Signature		Date:
Administrator's Name		

LOCAL SUPPORT and CERTIFICATE OF ASSURANCE	The program advisory committee has been involved in the design and development of this CTE Program of Study.	
Advisory Committee Signature		Date: 2/24/2013
Advisory Committee Member's name	Joe Johnson	

POST-SECONDARY LOCAL SUPPORT AND CERTIFICATE OF ASSURANCE	This community college has been involved in the continued development of this CTE Program of Study and agrees to continue collaboration. I agree to furnish CTE data as requested by the Office of Community College and Workforce Development.	
Community College Dean or CTE Administrator's Signature		**Date:**
Community College Dean or CTE Administrator's Name	KENDRA CAWLEY	

For CTE Regional Coordinator Use Only

Recommended Status:

   RECOMMENDED FOR STATE APPROVAL (Perkins Eligible)   **Expiration Date:**
   DISAPPROVED (and returned for revision)

_____   **Approval Date:**
CTE Regional Coordinator Signature

For ODE/OCCWD Use Only

Approval Status:

   FINAL ODE APPROVAL (Perkins Eligible)   **Expiration Date:**
   FINAL CCWD APPROVAL

_____   **Date:**
EII Education Specialist Signature

_____   **Date:**
OCCWD Education Specialist Signature