

Career and Technical Education Recommendation Form

Name _____
 (Last/First/M.I.)
 Address _____
 High School _____

Check one or more Career and Technical Education (CTE) endorsements.

Check	Endorsement	Check	Endorsement
	<i>Communication Journalism</i>		<i>Personal Services</i>
	<i>Communications Technologies</i>		<i>Legal & Protective Services</i>
	<i>Design & Applied Arts</i>		<i>Social Services</i>
	<i>Administrative Services (IT)</i>		<i>Computer Technology</i>
	<i>Financial Services</i>		<i>Construction</i>
	<i>Hospitality & Tourism</i>		<i>Engineering Technology</i>
	<i>Marketing/Management</i>		<i>Mechanical Systems</i>
	<i>Health Services</i>		<i>Manufacturing Technology</i>
	<i>Leisure & Fitness</i>		<i>Agricultural Science & Technology</i>
	<i>Education</i>		<i>Forestry/Natural Resources</i>
	<i>Family & Consumer Sciences</i>		<i>Integrated Environmental Technology</i>

Requirement No. 1: Department of Education approved program

- Department Approval

Requirement No. 2: Related Work Experience (a) With an Associate Degree (or less), 4000 hours of related work experience, (b) with a Bachelor’s Degree and regular teaching license, 1920 hours of related work experience or 640 hours of structured work experience.

- Related Work Experience Met
- Oregon Department of Education waiver (Work experience to be met in the CPD Plan)

Requirement No. 3: Associate Degree

- Associate (or higher) degree completed
- Associate degree waiver requested (waiver approved in consultation with Oregon Dept. of Education)

Requirement No. 4: An Assigned Mentor

- Mentor assigned

Requirement No. 5: An Assigned Technical Advisor (for an applicant who does not hold a regular teaching license)

- Advisor assigned

Requirement No. 6: A 3-year Professional Development Plan

- Please submit a copy of the Plan (To include the work experience)

Requirement No. 7: Signatures for CTE Licensure Recommendation to TSPC

I verify that I participated in the district Instructor Appraisal process and concur that the above-named applicant has met the requirements for licensure.

 Regional Coordinator (Signature) Date Appraisal Committee Chair (Signature) Date

 Requested by: School District Superintendent (Signature) Date
 (TSPC.0044 – 8/17/2007)