

**New CTAE Program Application**

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| **Program Title:** | | **State Course Numbers:** | | |
| **1.** | | |
| **2.** | | |
| **3.** | | |
| **School:** | | **Has this program been previously Offered** | **Yes: (Year)** | **No** |
| **When do you want to open the program?** | | | | |
| **Will a new CTAE teacher be required?** | **Yes** | | **No** | |
| **Do you have a CTAE teacher allocation?** | **Yes** | | **No** | |
| **Identify Post-Secondary Option(s) Available for Students: (additional sheets may be attached)** | | | | |
| **What are the projected workforce needs in Georgia for students completing this pathway? Identify your source of information and attach your findings on an additional sheet.** | | | | |
| **Complete a Student Interest Survey for the planned program and attach the results to your application. Questions may be different depending on the program to be offered. Example questions, may include but are not limited to:**    **(1) How likely are you to enroll in the \_\_\_ CTAE pathway?**  **(2) What are your post-secondary plans?**  **(3) What CTAE courses have you taken?**  **(4) Which academic courses have you taken (Math, ELA, Science, etc.)** | | | | |
| **What resources does your school currently have that will assist with starting and supporting the program? The CTAE Supervisor will provide lab space and equipment requirements upon request.**  **Technology location**  **Lab Space location**  **Classroom Space location**  **Funding** | | | | |
| **Which business and industry and post-secondary partners have you identified to support the program in an Advisory Board capacity?**  **State any other capacity for which the partner(s) will support the program.** | | | | |
| **Principal Signature:**  **Area Assistant Superintendent Signature:** | | | | |
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