**Section 1. Career Technical Education Advisory Committee Meetings Cover Sheet**

CTE Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next Meeting:** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2. Advisory Committee Members in Attendance Meeting Date \_\_\_\_\_\_\_\_\_\_\_\_\_ CTE Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(External Members) Employers, Industry Associations, Professionals employed in the field***

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| **Name** | **Position** | **Business Name**  **Address** | **Phone** | **Email** | **Signature** |
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**Section 2. Advisory Committee Members in Attendance cont. Meeting Date \_\_\_\_\_\_\_\_\_\_\_ CTE Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Internal Members) Faculty, Administrators, Classified Staff, Students***

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| **Name** | **Position** | **Faculty/Administrators/ Classified/Student** | **Email** | **Signature** |
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**Section 3. CTE Advisory Committee Meeting Minutes**

CTE Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Program Review:** review and feedback

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1. **Student Learning Outcomes addressing Program Requirements and Course Content:** review and feedback

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1. **Perkins Core Indicators** **including Class Pass Rates, Persistence, Completion and** **Employment Outcomes; and where applicable, Licensure and State Certification Pass Rates:** review and feedback

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1. **Labor Market Information demonstrating program continues to meet Labor Market Demand and doesn’t represent unnecessary duplication with other programs in the region:** review and feedback

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1. **Overall Recommendations** for the program

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1. **Planned Action Steps** based on feedback

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**Next Meeting:** Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signatures**: Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean, Workforce Development \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_