

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 3. CTE Advisory Committee Meeting Minutes

CTE Program: _____

Meeting Date: _____

1. Program Review: review and feedback

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

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

4. 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

5. Programs Reviewed

Program Type (Deg/Cert)	Program Name	New/Modify/Deactivate	Committee Approval (Yes/No)	Notes

6. Overall Recommendations for the program

7. Planned Action Steps based on feedback

Next Meeting: Date: _____ Time: _____ Location: _____

Signatures: Department Chair: _____

School Dean: _____

Associate Dean, Workforce Development _____

Associate Vice Chancellor _____