CTEP Application

Career & Technical Evaluation Process

CTEP is a short Career and Technical assessment for high school students residing in Shenandoah County who are interested in Career and Technical training at Triplett Technical School. With the support of the student's case manager, students may submit an application. Please review the Triplett Tech program prerequisites prior to submitting your application.

Criteria for participation in CTEP: Student should be in at least 9th or 10th grade and anticipate enrolling at Triplett Tech in the future.

Student Information		
Student Name:	Grade:	School:
Case Manager:	Age:	Date of Birth:
Diploma Option:	Projected Graduation Date:	

Check a minimum of 1 program of interest to a maximum of 3 from the programs listed below
(additional information available in the TT Program Reference Guide)

	Auto Body Technology		Criminal Justice		EMT/Firefighter
	Automotive Technology		Culinary Arts		Healthcare Sciences
	Carpentry		Cybersecurity Systems		Medical Systems Administration
	Computer Networking		Early Childhood Education		Masonry
	Cosmetology		Electricity		Nurse Aide

Description of the student including strengths, weaknesses, and other relevant information pertaining to the program(s) of interest indicated above (i.e. prerequisite class enrollment or completion if applicable)

_____

_____

_____

_____

Specific Evaluation Objectives: _____

_____

I give my permission for my child to participate in the Career and Technical Evaluation Process. I understand that transportation will be provided to Triplett Tech, and all programming for the evaluation will take place there.

Parent/Guardian Signature:_____ Date:___/___/___

Student Signature: _____ Date:___/___/___

~Please attach a copy of the student's 504/IEP and Fill out Emergency/Medical Information on the back~

~Return all requested materials to Jamie Armentrout, Triplett Tech~

Emergency/Medical Form

Contact #1	Contact Name:		
	Cell/Home Phone:	Work Phone:	Relationship:
Contact #2	Contact Name:		
	Cell/Home Phone:	Work Phone:	Relationship:

- Check the following that apply: □ glasses □ contacts □hearing aids
- Do you take Medication at School: □ Yes □ No

Allergies: _____
_____
_____

List all medical conditions: _____
_____
_____