

Office of Learning

Oregon Department of Education

**Carl D. Perkins  
Career & Technical Education Act of 2006**

**2015-2016 Update to the Perkins IV Local 5-Year Plan  
Local Improvement Plan**

**Basic Annual Application**

**And**

**Annual Report**

|  |  |
| --- | --- |
|  | It is a policy of the State Board of Education and a priority of the Oregon Department of Education that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, religion, national origin, age, sexual orientation, or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Deputy Superintendent of Public Instruction at the Oregon Department of Education, 255 Capitol Street NE, Salem, Oregon 97310; phone 503-947-5740; or fax 503-378-4772. |

*The CTE brand logo, brand-positioning, theme, and brand extensions are the property of NASDCTEc*

This document includes the following sections:

* Introduction
  + [Submission Instructions](#SubmissionInst)
* [Cover Page](#CoverPage)
* Local or Consortium Basic Grant Plan and Annual Report
  + Program Design Performance
* [Overview to the Local Plan Update](#overview)
* [Summary Report of 2015-2016 CTE Strategies and Accomplishments](#SummRpt)
  + - 1. [Standards and Content (SC)](#StandardsAndContent)
    - 2. [Alignment and Articulation (AA)](#AlgnmntAndArt)
    - 3. [Accountability and Evaluation (AE)](#AccAndEval)
      * [Perkins Performance Measures](#PPM)
    - 4. [Student Support Services (SS)](#StdntSpptSvcs) (for designated CTE Programs of Study)
    - 5. [Professional Development (PD)](#PD)
  + [Local Improvement Planning Process](#LIMP)
  + [Consortium Regional Investment Planning](#ConRegInvPln)
* [2015-2016 Perkins IV Basic Grant Budget Spending Report](#SpendingRpt)
* [2015-2016 Perkins IV Basic Grant Equipment & Non-Consumable Supply Inventory](#EquipmentInv)

**Introduction**

This Introduction is a general overview of the 2015-2016 Update to the Perkins IV Local 5-Year Plan, Local Improvement Plan, Basic Annual Application and Annual Report. For the purposes of this document, the 2015-2016 Update to the Perkins IV Local 5-Year Plan, Local Improvement Plan, Basic Annual Application and Annual Report will be referred to by the short title of **the** **Local Plan Update**. For complete instructions on filling out this document, see [the Guide](http://www.ode.state.or.us/search/page/?id=4112) to the 2015-2016 Perkins IV Basic Grant Application and Annual Report, available on the Oregon Department of Education (ODE) website at <http://www.ode.state.or.us/search/page/?id=4112>. For the purposes of this document, the Guide to the 2015-2016 Perkins IV Basic Grant Application and Annual Report will be referred to by the short title of **the Guide**.

The focus of the Local Plan Update is on activities related to local secondary and postsecondary component designs for CTE Program of Study (POS) implementation. A minimum of 10% of the funds are required to be designated to professional development. (Reminder: This is 10% of the grant amount, but funding may be leveraged from other sources).

Each year of the Perkins IV authorization a detailed local plan updating the initial 5-year plan and previous updates has been submitted. The intent has been to reflect a single, 5-year plan that is updated annually, not a collection of five 1-year plans. Local Plan Updates will continue to update the 5-year plan annually, until the reauthorization of the Carl D. Perkins Act.

The Annual Report has been integrated into the Local Plan Update. The report sections may be completed throughout the program year as activities are completed. The **Annual Report is due Wednesday, November 16, 2016**. More information in completing the Annual Report is available in [the Guide](http://www.ode.state.or.us/search/page/?id=4112).

**Program Design Performance**: The Overview to the Local Plan Update is an opportunity to provide readers with the background and context to better understand the status of your plan. Each Core Element section must address at least one Indicator through at least one Planned Activity; well-designed SMART Goals will help you evaluate how successful your planning strategies were. (For more information about SMART Goals refer to [the Guide](http://www.ode.state.or.us/search/page/?id=4112).) If you are repeating an activity, please explain why you are repeating it. Include a discussion of the clearly measurable effectiveness that influenced your decision to repeat it, as well as an explanation of any enhancements to the activity. Planned Activities are required for Perkins Performance Measures that do not meet the 90% threshold rule. It is highly *recommended* that a detailed activity be included for any Perkins Performance Measure that has not been met by a comfortable margin.

**Local Improvement Planning Process**: This section will inform readers of the planning process used to create the plan and who was involved. Please note that Trend Data Worksheets are required for any Perkins Performance Measure that did not meet the 90% threshold.

**Consortium Regional Investment Planning** (Required for Consortium Basic Grant Plans ONLY): The Consortium Member Roster provides a quick look at who is involved in consortium planning and their role. When submitting the application, please attach a signed copy of the complete consortium operational agreement and copies of job descriptions of staff funded by the consortium (for more information refer to [the Guide](http://www.ode.state.or.us/search/page/?id=4112)).

**Annual Report**: The Annual Report is integrated into the Local Plan Update; **do not delete these sections** when submitting your Local Plan Update. A section labeled “Summary Report” is provided for the Overview to the Local Plan Update; sections labeled “Report” are provided for each Smart Goal, Indicator, Performance Measure, and Planned Activity; the 2015-2016 Perkins IV Basic Grant Budget Spending Report and the 2015-2016 Perkins IV Basic Grant Equipment & Non-Consumable Supply Inventory are at the end of the document. These sections may be completed throughout the program year as activities are completed. The **Annual Report is due Wednesday, November 16, 2016**.

**Statement of Assurances**: All eligible recipient fiscal agents must submit a Perkins Statement of Assurances signed by the eligible recipient’s highest level administrator. The Statement of Assurances submitted during the CIP Budget Narrative process will also apply to the Local Plan Update and Annual Report. Statement of Assurances can be found here: <http://www.ode.state.or.us/teachlearn/pte/perkins-annual-assurance-5-21-13-rev.doc>.

**Special Notes**

|  |
| --- |
| Purchasing equipment is not an activity, but may support an activity. Please limit the Local Plan Update to activities; list all planned equipment purchases in the Budget Narrative and Spending Workbook. **Any budget changes of 10% or more must be approved in advance by ODE staff**.  Since the Local Plan Update is intended to be a planning document for all activities that will address CTE priorities, activities that will not use Perkins funding may be included. **Any changes to the Local Plan Update must be approved in advance by ODE staff**. (For more information, contact Donna Brant, 503-947-5622, [donna.brant@state.or.us](mailto:donna.brant@state.or.us))  **FAILURE TO RECEIVE ADVANCE APPROVAL FOR CHANGES MAY RESULT IN LOSS OF FUNDS** |

**Publication Information**

The Oregon Department of Education (ODE) may publish your Local Plan Update, in complete or in part, on ODE’s Web site or through other available means. We look forward to reviewing your local plan and initiatives to implement the Act in the coming years. ODE CTE Program Staff are available to answer questions that arise as you update and revise your plan.

**SUBMISSION INSTRUCTIONS**

[**Back to Introduction**](#Intro)

Completed Local Plan Updates shall be submitted no later than close of business (5:00 pm PST) on **Tuesday, June 30, 2015.** The Local Plan Update, including cover page, is to be submitted electronically as an attachment to an e‐mail. Hard copy original of cover page and [signed assurance](http://www.ode.state.or.us/teachlearn/pte/perkins-annual-assurance-5-21-13-rev.doc) should be mailed to the submission address below.

Electronic Submission Address: Hard Copy Submission Address:

[**Perkins.Submit@state.or.us**](mailto:Perkins.Submit@state.or.us) **Barbara O’Neill**

**Office of Learning**

**Instruction, Standards, Assessment & Accountability Unit**

**Oregon Department of Education**

**255 Capitol Street NE**

**Salem, OR 97310-0203**

**503-947-5787**

Questions?

|  |  |
| --- | --- |
| **Local Plan Update:**  Michael Fridley , Education Specialist  [michael.fridley@state.or.us](mailto:michael.fridley@state.or.us)  503-947-5660 | **Budget Narrative & Spending Workbook:**  Reynold Gardner, Education Specialist  [reynold.gardner@state.or.us](mailto:reynold.gardner@state.or.us)  503-947-5615 |

[State CTE Staff List](http://www.ode.state.or.us/teachlearn/pte/14-15ctestaff.pdf)

Cover Page

Carl D. Perkins Career and Technical Education Act of 2006 **2015-2016 Update to Perkins IV Local 5-Year Plan,   
Local Improvement Plan, Basic Annual Application, and Basic Annual Report**

[**Back to Introduction**](#Intro)

Agency Name, Address and Authorizing Signature of Eligible Recipient:

|  |  |  |
| --- | --- | --- |
|  | | |
| ***Eligible Recipient Agency Name*** | | |
|  | | |
| ***Mailing Address, City & ZIP*** | | |
|  | |  |
| ***Authorizing Signature (Chief Administrator)*** | ***Date*** | |

|  |
| --- |
|  |
| ***Fiscal Agent*** |

Person at, or representing, the eligible agency responsible for answering questions about this plan:

|  |  |  |  |
| --- | --- | --- | --- |
| AUTHORIZED REPRESENTATIVE | | FISCAL AGENT | |
| Name: |  | Name: |  |
| Position: |  | Position: |  |
| Telephone: | (  ) | Telephone: | (  ) |
| Email: |  | Email: |  |

Type of 2015-2016 Perkins IV Local Plan Update/Application:

|  |  |  |
| --- | --- | --- |
| Direct Secondary School District Basic Plan | Consortium Basic Plan | Direct Community College Basic Plan |
| Complete the following: | Complete the following: | Complete the following: |
| * Local Plan Update * Budget Narrative & Spending Workbook (Submitted Online) | * Local Plan Update * Budget Narrative & Spending Workbook (Submitted Online) * Consortium Operations Agreement * Job Description(s) for consortium funded staff | * Local Plan Update * Budget Narrative & Spending Workbook (Submitted Online) |

**Local or Consortium Basic Grant Plan and Annual Report**

[**Back to Introduction**](#Intro)

**PROGRAM DESIGN PERFORMANCE**

(For guidance in completing this section refer to [**the Guide**](http://www.ode.state.or.us/search/page/?id=4112).)

**Overview to the Local Plan Update**

Identify major opportunities and challenges that are addressed in this plan

|  |
| --- |
| Opportunities that will be leveraged/connections that will be made/collaborations that will be pursued:  Challenges that will be addressed: |

Briefly describe the work of your school, district, or consortium in developing, implementing, and maintaining CTE Programs of Study

|  |
| --- |
|  |

**Summary Report of 2015-2016 CTE Strategies and Accomplishments –** DUE WEDNESDAY, NOVEMBER 16, 2016

[**Back to Introduction**](#Intro)

(For guidance in completing this section refer to [**the Guide**](http://www.ode.state.or.us/search/page/?id=4112).)

Exemplary activity/highlight of the year:

|  |
| --- |
|  |

Opportunities leveraged/connections made/collaborations that were useful:

|  |
| --- |
|  |

Major challenges, both met and unmet:

|  |
| --- |
|  |

OTHER SUPPORTED ACTIVITIES

|  |  |
| --- | --- |
|  | Number |
| Joint high school and community college advisory committees established during the 2015-2016 program year. [HB 2912] |  |

Indicate any of these activities that you have supported during the 2015-2016 program year by marking “X” in the Supported column.

|  |  |
| --- | --- |
| Activity | Supported |
| Efforts to improve the recruitment and retention of CTE teachers, faculty, administrators, and counselors, including individuals in groups underrepresented in the teaching profession. [Section 134(b)(12)] |  |
| Efforts to improve the transition to teaching from business and industry. [Section 134(b)(12)(B)] |  |
| Efforts to develop, improve, or expand the use of technology in CTE. [Section 135(b)(4)] |  |
| Efforts to initiate, improve, expand, and modernize quality CTE programs (including relevant technology). [Section 135(b)(7)] |  |

**1.** **Standards and Content** (For guidance in completing this section refer to [**the Guide**](http://www.ode.state.or.us/search/page/?id=4112).)

[**Back to Introduction**](#Intro)

Indicators for quality local plans and local use of Perkins funds. Choose at least one that you will address through the activities below.

|  |  |
| --- | --- |
| **Indicator** | **Source** |
| SC1 CTE Programs of Study align with Oregon Skill Sets or other industry-based standards. | Goal 1a |
| SC2 Coherent and rigorous content aligned with challenging academic standards is integrated with relevant CTE programs. | Sections 34(b)(3)(B), 135(b)(1) |
| SC3 CTE students are taught to the same coherent and rigorous content aligned with challenging academic standards as are taught to all students. | Section 134(b)(3)(D) |
| SC4 CTE students are provided with the academic and career and technical skills (including the mathematics and science knowledge that provides a strong basis for such skills) that lead to entry into the technology fields. | Section 135(b)(4)(B) |
| SC5 CTE Programs of Study use relevant technology that directly supports increasing student academic knowledge and technical skill attainment. | Goal 1b |

Discuss your status on the Indicator(s) you have chosen as your focus. Include the reasons you chose each Indicator.

|  |  |
| --- | --- |
| **Indicator:** |  |
| Current Status of Indicator: |  |
| **Perkins IV Basic Grant Plan for Indicator** | |
| SMART Goal for Indicator: |  |
| Evidence That Will Show Achievement of Goal: |  |
| **Report on SMART Goal and Status of Indicator – Due Wednesday, November 16, 2016** | |
| What Evidence for Achievement of Goal Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #1** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #2** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #3** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |

Briefly describe how you will ensure maintenance or continuous improvement on the Indicators on which you have chosen to focus.

|  |  |
| --- | --- |
| **Indicator** | **Plan for Maintenance or Continuous Improvement in 2016-2017** |
|  |  |
|  |  |
|  |  |

**2****. Alignment and Articulation** (For guidance in completing this section refer to [**the Guide**](http://www.ode.state.or.us/search/page/?id=4112).)

[**Back to Introduction**](#Intro)

Indicators for quality local plans and local use of Perkins funds. Choose at least one that you will address through the activities below.

|  |  |
| --- | --- |
| **Indicator** | **Source** |
| AA1 CTE is linked at the secondary and postsecondary levels. | Section 135(b)(2) |
| AA2 CTE Programs of Study operate with signed alignment agreements. | Goal 2a |
| AA3 CTE Programs of Study operate with signed articulation agreements. | Goal 2b |
| AA4 CTE Programs of Study lead to an industry-recognized, postsecondary certificate or degree in a high wage, high demand occupation based on regional or state labor market information. | Goal 2c |

Discuss your status on the Indicator(s) you have chosen as your focus. Include the reasons you chose each Indicator.

|  |  |
| --- | --- |
| **Indicator:** |  |
| Current Status of Indicator: |  |
| **Perkins IV Basic Grant Plan for Indicator** | |
| SMART Goal for Indicator: |  |
| Evidence That Will Show Achievement of Goal: |  |
| **Report on SMART Goal and Status of Indicator – Due Wednesday, November 16, 2016** | |
| What Evidence for Achievement of Goal Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #1** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #2** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #3** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |

Briefly describe how you will ensure maintenance or continuous improvement on the Indicators on which you have chosen to focus.

|  |  |
| --- | --- |
| **Indicator** | **Plan for Maintenance or Continuous Improvement in 2016-2017** |
|  |  |
|  |  |
|  |  |

**3.** **Accountability and Evaluation** (For guidance in completing this section refer to [**the Guide**](http://www.ode.state.or.us/search/page/?id=4112).)

[**Back to Introduction**](#Intro)

Indicators for quality local plans and local use of Perkins funds. Choose at least one that you will address through the activities below.

|  |  |
| --- | --- |
| **Indicator** | **Source** |
| AE1 Evaluations of the CTE programs carried out with funds under Perkins IV are developed and implemented, including an assessment of how the needs of special populations are being met. | Section 135(b)(6) |
| AE2 Stakeholders are involved in the development, implementation, and evaluation of CTE programs. | Section 134(b)(5) |
| AE3 Stakeholders are informed about, and assisted in understanding, the Perkins law and CTE Programs of Study. | Section 134(b)(5) |
| AE4 CTE concentrators who complete the secondary or postsecondary component of their Program of Study demonstrate performance on valid and reliable technical skill assessments that align to industry-based standards. | Goal 3a |
| AE5 Secondary CTE concentrators who complete the secondary component of their Program of Study do not require remediation at postsecondary entry. | Goal 3b |

Discuss your status on the Indicator(s) you have chosen as your focus. Include the reasons you chose each Indicator.

|  |  |
| --- | --- |
| **Indicator:** |  |
| Current Status of Indicator: |  |
| **Perkins IV Basic Grant Plan for Indicator** | |
| SMART Goal for Indicator: |  |
| Evidence That Will Show Achievement of Goal: |  |
| **Report on SMART Goal and Status of Indicator – Due Wednesday, November 16, 2016** | |
| What Evidence for Achievement of Goal Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #1** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #2** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #3** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |

Briefly describe how you will ensure maintenance or continuous improvement on the Indicators on which you have chosen to focus.

|  |  |
| --- | --- |
| **Indicator** | **Plan for Maintenance or Continuous Improvement in 2016-2017** |
|  |  |
|  |  |
|  |  |

**Perkins Performance Measures** (For guidance in completing this section refer to [**the Guide**](http://www.ode.state.or.us/search/page/?id=4112).)

[**Back to Introduction**](#Intro)

|  |  |
| --- | --- |
| **Indicator** | **Source** |
| AE6 CTE Programs of Study meet state-approved levels of performance on Perkins IV core indicators of performance. | Goal 3c |

Include at least one Planned Activity for each Performance Measure that did not meet the 90% threshold.

|  |  |
| --- | --- |
| **Performance Measure:** |  |
| Current Performance: |  |
| **Perkins IV Basic Grant Plan for Performance Measure** | |
| SMART Goal for Performance Measure: |  |
| Evidence That Will Show Achievement of Goal: |  |
| **Report on SMART Goal and Performance Measure – Due Wednesday, November 16, 2016** | |
| What Evidence for Achievement of Goal Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #1** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #2** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #3** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |

|  |  |
| --- | --- |
| **Performance Measure:** |  |
| Current Performance: |  |
| **Perkins IV Basic Grant Plan for Performance Measure** | |
| SMART Goal for Performance Measure: |  |
| Evidence That Will Show Achievement of Goal: |  |
| **Report on SMART Goal and Performance Measure – Due Wednesday, November 16, 2016** | |
| What Evidence for Achievement of Goal Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #1** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #2** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #3** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |

|  |  |
| --- | --- |
| **Performance Measure:** |  |
| Current Performance: |  |
| **Perkins IV Basic Grant Plan for Performance Measure** | |
| SMART Goal for Performance Measure: |  |
| Evidence That Will Show Achievement of Goal: |  |
| **Report on SMART Goal and Performance Measure – Due Wednesday, November 16, 2016** | |
| What Evidence for Achievement of Goal Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #1** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #2** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #3** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |

Briefly describe how you will ensure maintenance or continuous improvement on each Performance Measure addressed above.

|  |  |
| --- | --- |
| **Performance Measure** | **Plan for Maintenance or Continuous Improvement in 2016-2017** |
|  |  |
|  |  |
|  |  |

**4.** **Student Support Services (for designated CTE Programs of Study)** (For guidance in completing this section refer to [**the Guide**](http://www.ode.state.or.us/search/page/?id=4112).)

[**Back to Introduction**](#Intro)

Indicators for quality local plans and local use of Perkins funds. Choose at least one that you will address through the activities below.

|  |  |
| --- | --- |
| **Indicator** | **Source** |
| SS1 CTE programs are reviewed and strategies are identified and adopted to overcome barriers that result in lowering rates of access to, or lowering success in, the programs for special populations. | Section 134(b)(8)(A) |
| SS2 CTE Programs of Study provide each student with appropriate accommodations and barrier-free access to CTE learning environments for high wage, high demand careers that lead to self-sufficiency. | Goal 4b |
| SS3 Individuals who are members of special populations are not discriminated against on the basis of their status as members of the special populations. | Section 134(b)(9) |
| SS4 Special populations, including single parents and displaced homemakers, are prepared for high skill, high wage, or high demand occupations that will lead to self-sufficiency. | Sections 134(b)(8)(C), 135(b)(9) |
| SS5 Programs are designed to enable the special populations to meet the local adjusted levels of performance. | Section 134(b)(8)(B) |
| SS6 CTE Programs of Study provide students with access to educational opportunities for careers that are nontraditional for a student’s gender. | Goal 4a |
| SS7 Preparation for non-traditional fields is promoted. | Section 134(b)(10) |
| SS8 Career guidance and academic counseling are provided to CTE students, including linkages to future education and training opportunities. | Section 134(b)(11) |
| SS9 Secondary CTE students are encouraged to enroll in rigorous and challenging courses in core academic subjects. | Section 134(b)(3)(E) |
| SS10 CTE Programs of Study provide students with relevant career-related learning experiences. | Goal 4a |
| SS11 CTE Programs of Study provide postsecondary students with cooperative work experience. | Goal 4a |
| SS12 The use of technology in CTE – which may include encouraging schools to collaborate with technology industries to offer voluntary internships and mentoring programs, including programs that improve the mathematics and science knowledge of students – is being developed, improved, or expanded. | Section 135(b)(4)(C) |
| SS13 Students are provided with strong experience in, and understanding of, all aspects of an industry. | Sections 134(b)(3)(C), 135(b)(3) |
| SS14 CTE Programs of Study provide secondary students with student leadership opportunities. | Goal 4a |

Discuss your status on the Indicator(s) you have chosen as your focus. Include the reasons you chose each Indicator.

|  |  |
| --- | --- |
| **Indicator:** |  |
| Current Status of Indicator: |  |
| **Perkins IV Basic Grant Plan for Indicator** | |
| SMART Goal for Indicator: |  |
| Evidence That Will Show Achievement of Goal: |  |
| **Report on SMART Goal and Status of Indicator – Due Wednesday, November 16, 2016** | |
| What Evidence for Achievement of Goal Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #1** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #2** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #3** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |

Briefly describe how you will ensure maintenance or continuous improvement on the Indicators on which you have chosen to focus.

|  |  |
| --- | --- |
| **Indicator** | **Plan for Maintenance or Continuous Improvement in 2016-2017** |
|  |  |
|  |  |
|  |  |

**5.** **Professional Development** (For guidance in completing this section refer to [**the Guide**](http://www.ode.state.or.us/search/page/?id=4112).)

[**Back to Introduction**](#Intro)

Indicators for quality local plans and local use of Perkins funds. Choose at least one that you will address through the activities below.

|  |  |
| --- | --- |
| **Indicator** | **Source** |
| PD1 Comprehensive professional development (including initial teacher preparation) for career and technical education, academic, guidance, and administrative personnel is provided that promotes the integration of coherent and rigorous content aligned with challenging academic standards and relevant career and technical education (including curriculum development). | Section 134(b)(4); Goal 5a |
| PD2 Professional development programs that are consistent with section 122 are provided to secondary and postsecondary teachers, faculty, administrators, and career guidance and academic counselors who are involved in integrated career and technical education programs, including in-service and pre-service training on effective integration and use of challenging academic and career and technical education provided jointly with academic teachers to the extent practicable. | Section 135(b)(5)(A)(i) |
| PD3 In-service and pre-service training is provided on effective teaching skills, based on research that includes promising practices. | Section 135(b)(5)(A)(ii) |
| PD4 In-service and pre-service training is provided on effective practices to improve parental and community involvement. | Section 135(b)(5)(A)(iii) |
| PD5 In-service and pre-service training is provided on effective use of scientifically based research and data to improve instruction. | Section 135(b)(5)(A)(iv) |
| PD6 Education programs are supported for teachers of CTE in public schools and other public school personnel who are involved in the direct delivery of educational services to CTE students, to ensure that such teachers and personnel stay current with all aspects of an industry. | Section 135(b)(5)(B) |
| PD7 Professional development programs are provided, including internship programs that provide relevant business experience. | Section 135(b)(5)(C) |
| PD8 Programs are provided to train teachers specifically in the effective use and application of technology to improve instruction. | Section 135(b)(5)(D) |
| PD9 The use of technology in CTE – which may include training of CTE teachers, faculty, and administrators to use technology (which may include distance learning) – is being developed, improved, or expanded. | Section 135(b)(4)(A) |
| PD10 Secondary CTE teachers follow a formal, professional development plan focused on instruction. | Goal 5b.1 |
| PD11 Postsecondary CTE teachers participate annually in formal, program-related professional development focused on instruction. | Goal 5b.2 |

Discuss your status on the Indicator(s) you have chosen as your focus. Include the reasons you chose each Indicator.

|  |  |
| --- | --- |
| **Indicator:** |  |
| Current Status of Indicator: |  |
| **Perkins IV Basic Grant Plan for Indicator** | |
| SMART Goal for Indicator: |  |
| Evidence That Will Show Achievement of Goal: |  |
| **Report on SMART Goal and Status of Indicator – Due Wednesday, November 16, 2016** | |
| What Evidence for Achievement of Goal Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #1** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #2** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity: |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |
| **Planned Activity #3** | |
| Description of Planned Activity to Achieve SMART Goal: |  |
| Evidence That Will Show Success of Activity |  |
| **Report on Planned Activity – Due Wednesday, November 16, 2016** | |
| What Evidence for Success of Activity Shows: |  |
| Person Responsible for Evidence: |  |

Briefly describe how you will ensure maintenance or continuous improvement on the Indicators on which you have chosen to focus.

|  |  |
| --- | --- |
| **Indicator** | **Plan for Maintenance or Continuous Improvement in 2016-2017** |
|  |  |
|  |  |
|  |  |

**L****OCAL IMPROVEMENT PLANNING PROCESS**

[**Back to Introduction**](#Intro)

(For guidance in completing this section refer to [**the Guide**](http://www.ode.state.or.us/search/page/?id=4112).)

List the Improvement Planning Team members and their roles and responsibilities in the planning process.

|  |  |
| --- | --- |
| **Team Member** | **Role and Responsibility** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Describe the different people/groups that you consulted for this Local Plan Update beyond Improvement Planning Team members, and what they contributed.

|  |  |
| --- | --- |
| **Name of Person or Group** | **Contribution(s)** |
|  |  |
|  |  |
|  |  |

Briefly describe the processes used for the following:

(If there was one process, describe it in the first cell; address all items.)

|  |  |
| --- | --- |
| Evaluating Indicator status |  |
| Identifying priority Indicators |  |
| Developing SMART Goals |  |
| Identifying strategies and activities |  |
| Developing Planned Activities |  |
| Developing monitoring and evaluation plans |  |

**Data Analysis and Planning**

Each grantee is responsible for generating their own data and reports concerning the goals used to manage the grant, determine student achievement, and evaluate improvement, including data for the Perkins Performance Measures. Trend Data Worksheets are required for any Performance Measure that did not meet the 90% threshold, and must be submitted with the Improvement Plan. Trend Data Worksheets are available on the ODE website (<http://www.ode.state.or.us/search/page/?id=4112>), but recipients may use other tools.

Describe the data tools and processes used for analysis.

|  |
| --- |
|  |

**CONSORTIUM REGIONAL INVESTMENT PLANNING** (*Required for Consortium Basic Grant Plans ONLY)*

[**Back to Introduction**](#Intro)

(For guidance in completing this section refer to [**the Guide**](http://www.ode.state.or.us/search/page/?id=4112).)

Reminder: When submitting the application, please attach a signed copy of the complete consortium operational agreement and copies of job descriptions of staff funded by the consortium.

Consortium Member Roster

**CONSORTIUM:**

(Add lines to tables as needed)

|  |  |  |
| --- | --- | --- |
| **Name** | **Organization & Position** | **Level of Participation**  [planning, implementing and/or evaluating] |
| ***School Districts*** | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| ***Postsecondary Partners (Community College, Private Career College, Apprenticeship Programs, University, etc.)*** | | |
|  |  |  |
|  |  |  |
|  |  |  |
| ***Business or Industry Partners*** | | |
|  |  |  |
|  |  |  |
|  |  |  |

FUNDS TO CONSORTIUM – Funds allocated to a consortium formed to meet Perkins IV requirements shall be used only for the purposes and programs that are mutually beneficial to all members of the consortium and can be used only for authorized programs. Such funds may not be reallocated to individual members of the consortium for purposes or programs benefiting only one member of the consortium. [PL 109-270, Sec. 131 (f)] No more than 5% of consortium funds may be used for Indirect Costs and Administration including salaries and benefits. [Section 135(d)]

**2015-2016 Perkins IV Basic Grant Budget Spending Report**

[**Back to Introduction**](#Intro)

(For guidance in completing this section refer to [**the Guide**](http://www.ode.state.or.us/search/page/?id=4112).)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Function Codes** | | | | | |
| Function Code Totals | $$ Planned\* | $$ Spent\*\* | % Change | Approval date for Changes >10% | Justification for % change  *(What changed in your plan?)* |
| Standards & Content **2210** |  |  |  |  |  |
| Alignment & Articulation **2210** |  |  |  |  |  |
| Accountability & Assessment  **2230** *including Technical Skills Assessment* |  |  |  |  |  |
| Student Support Services  **2100** |  |  |  |  |  |
| Professional / Personnel Development  **2240** |  |  |  |  |  |
| Support Services - Central Activities –  **2600** |  |  |  |  |  |
| Research "Scientifically Based Research"  **262X** |  |  |  |  |  |
| **Total** |  |  |  |  |  |

\*As approved in August/September 2015

\*\*Ending (September 2016) online CIP Budget Narrative totals

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Object Codes** | | | | | |
| Object Code Totals | $$ Planned\* | $$ Spent\*\* | % Change | Approval date for Changes >10% | Justification for % change  *(What changed in your plan?)* |
| 111 Licensed Salaries |  |  |  |  |  |
| 112 Classified Salaries |  |  |  |  |  |
| 11X Support Staff Salaries |  |  |  |  |  |
| 11X Program Coordinator Salaries |  |  |  |  |  |
| 2XX Licensed Benefits |  |  |  |  |  |
| 2XXClassified/Support Staff Benefits |  |  |  |  |  |
| 2XX Program Coordinators Benefits |  |  |  |  |  |
| 12X Substitute Salaries |  |  |  |  |  |
| 31X Local Instructional Services |  |  |  |  |  |
| 31X Regional Instructional Services |  |  |  |  |  |
| 34X Travel |  |  |  |  |  |
| 410 Consumable Supplies and Materials. |  |  |  |  |  |
| 460 Non-consumable Equipment Items |  |  |  |  |  |
| 470 Computer Software |  |  |  |  |  |
| 480 Computer Hardware |  |  |  |  |  |
| 541 Initial /Additional Equipment - Depreciable |  |  |  |  |  |
| 690 Grant Indirect Charges (5% maximum) |  |  |  |  |  |
| **Total** |  |  |  |  |  |
| Comments: | | | | | |

\*As approved in August/September 2015

\*\*Ending (September 2016) online CIP Budget Narrative totals

**2015-2016 Perkins IV Basic Grant Equipment & Non-Consumable Supply Inventory**

[**Back to Introduction**](#Intro)

*Include all 2015-2016 Perkins-funded purchases of equipment or non-consumable supplies with a unit cost of $200 or more*

(For guidance in completing this section refer to [**the Guide**](http://www.ode.state.or.us/search/page/?id=4112).)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Purchased** | **ID or Serial #** | **Acquisition Date** | **Physical Location of Item** | **Unit Cost** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*(Add lines/pages as needed)*