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| A picture containing drawing, food  Description automatically generated  **State Career and Technical Education (CTE)**  **Course Equivalency Frameworks Request Form** |

**This form is for consideration of the development of a specific state-approved CTE course equivalency framework.**

In support of school districts’ efforts to adopt CTE course equivalencies in accordance with the requirements of RCW [28A.230.097](https://app.leg.wa.gov/rcw/default.aspx?cite=28A.230.097) - *Career* *and technical high school course equivalencies,* this form should be completed for consideration of the development of additional [state-approved CTE course equivalency frameworks](http://www.k12.wa.us/careerteched/Clusters/CourseEquivalencies/CTEStatewideCourseEquivalencies.pdf).  Form submissions will be reviewed for inclusion in the list of state-approved courses as referenced in RCW [28A.700.070](https://app.leg.wa.gov/rcw/default.aspx?cite=28A.700.070) - *Course equivalencies for career and technical courses—Curriculum frameworks and course lists—Grants to increase academic rigor*. Submissions will be responded to in person within 15 working days of receipt.

| **Submitter Contact Information** |  |
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| **Name:** | **District/Organization:** |
| **Phone:** | **Email:** |
|  |  |
| **Course Details** |  |
| **Working Course Title:** | |
| **CIP Code:**      , ([CIP Code Chart](https://www.k12.wa.us/student-success/career-technical-education-cte/cte-resources/cip-codes)) | **Hours of Instruction:** |
| **CTE Program:** Choose an item. | **Academic Content Area:** Choose an item. |
| **Exploratory**  **or Preparatory** | NOTE: If Preparatory, the course must have an associated industry certificate or provide dual credit.  See RCW [28A.700.030](https://apps.leg.wa.gov/rcw/default.aspx?cite=28a.700.030) - *Preparatory secondary career and technical education programs—Criteria.* |
| **Course Description:** Please include evidence of need statement and source of high demand determination. | |
| Required - no limit | |
| **Supporting Documentation:** Check all that apply. |  |

| Established local equivalency | Course outline  (Send as an attachment.) | Course syllabus  (Send as an attachment.) |
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| Set curriculum (CASE, PLTW, etc.)  (Send as an attachment.) | Framework  (Send as an attachment.) | Other  (Send as an attachment.) |

| **Return to:** | | | |
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| Career and Technical Education  P.O. Box 47200, Olympia, WA 98504 | [**equivalency@k12.wa.us**](mailto:cte@k12.wa.us) | | 360-725-6245 |
| **OSPI USE ONLY** | | | |
| Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Approved | |
| Initial Screen (+15 working days) Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Denied | |
| Initial Screen Completed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | More Information Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Response to Submitter Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| CTE Program Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Academic Content Area Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |