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|  | **Washington FCCLA**  **Program of Activities/Program of Work**  **Extended Learning Documentation** | Logo, company name  Description automatically generated |

Leadership and employability skills are developed and practiced at the highest professional level through state-recognized Career and Technical Student Organizations. Leadership skills empower each student to assume responsible roles in family, community, and business and industry environments. The Family, Career and Community Leaders of America Program of Activities (POA)/Program of Work (POW) documentation demonstrates the activities students have an opportunity to be engaged in that extend learning beyond the classroom/laboratory into the community and provide real world value. This will include community service activities and leadership skill development opportunities available at the local, regional, state, national and international level, and will reflect activities available for your local chapter FCCLA members. This form should be completed on an **annual** basis to reflect the student-developed program of work and supports student planning efforts. **Family, Career and Community Leaders of America (FCCLA) specific resources are linked here to help aid local chapters in completing or understanding the purpose of the POA/POW:** [**https://fcclainc.org**](https://fcclainc.org)**. Contact the Executive Director at** [**executivedirector@wa-fccla.org**](mailto:executivedirector@wa-fccla.org) for more information. Please see the OSPI Student Extended Leadership Companion Document for additional detailed information.

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| **Course Information** | | | | |
| School District: | | Building(s): | | Instructor(s): |
| Program Area: Choose an item. | | CIP Code(s): | | School Year: Choose an item. |
| **Minimum Qualifications Checklist – Leadership Organization**  (All boxes must be checked.) | | | | |
| Student Leadership Structure Established (e.g., Elected officers, committee structure, group roles)  Student led organization; activities are planned, conducted, and evaluated by students  Activities are conducted under the management and/or supervision of a certified CTE instructor | | | | |
| **Program Components Reflected in Program of Activities**  (Check all boxes that apply.) | | | | |
| Organization and Management  Planning and Evaluation  Community Service  Leadership Development or Demonstration | Finance and Fundraising  Competitive Events  Employability and Career Skills | | Student Recognition  Recreational and Social  Public Relations and Advocacy  Other | |
| **Annual Program of Activities** | | | | |
| Activities reflected should only address extended learning components of the program. These should be learning and teaching activities **related to the career and technical education course** or program competencies which occur **beyond the scheduled school day and/or school year** under the supervision of a certified CTE teacher. Activities should place emphasis on personal and group activities that improve life skills and align with 21st Century Leadership skills, encourage students to work together, and include cooperative activities with other groups that make the community a better place to live and work. | | | | |

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| **National or State Events** | | | | |
| **Activity/Event** | **Program Component** | **Description** | **Who/When**  (Responsible Lead/  Expected Completion Date) | **Focused 21st Century Leadership Skill** |
| Click or tap here to enter text. | Choose an item.  If "Other" chosen, describe here. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click or tap here to enter text. | Choose an item.  If "Other" chosen, describe here. | Click here to enter text. | Click here to enter text. | Choose an item. |
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| Click here to enter text. | Choose an item.  If "Other" chosen, describe here. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Choose an item.  If "Other" chosen, describe here. | Click here to enter text. | Click here to enter text. | Choose an item. |
| **Locally Planned and Developed Events** | | | | |
| **Activity/Event** | **Program Component** | **Description** | **Who/When**  (Responsible Lead/  Expected Completion Date) | **Focused 21st Century Leadership Skill** |
| Click here to enter text. | Choose an item.  If "Other" chosen, describe here. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Choose an item.  If "Other" chosen, describe here. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Choose an item.  If "Other" chosen, describe here. | Click here to enter text. | Click here to enter text. | Choose an item. |
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| Click here to enter text. | Choose an item.  If "Other" chosen, describe here. | Click here to enter text. | Click here to enter text. | Choose an item. |

*Additional activities may be added to this template, as needed.*

*Submission of the FCCLA Program of Activities/Program of Work - Extended Learning Documentation template is assurance that FCCLA Program of Work is* ***annually*** *planned and that associated activities are active on campus as a required component of the CTE educational program.*