

MSACTE OUTSTANDING PROGRAM AWARD PROCEDURES AND GUIDELINES DEADLINE: JANUARY 31st

This award is presented at the Summer Business Meeting of MS ACTE each year to a secondary and postsecondary career and technical program, which has been in operation for at least three years. Nominations may be made by a teacher, director, counselor, or supervisor.

PROCEDURES

1. Submit the attached nomination form.
2. Submit all required information in typed, PDF format. Nominations should not exceed fifteen (15) pages.
3. All submitted photos must be pasted in a PDF file
4. Send all completed information and materials to:
MS ACTE Awards Program Chair, Patricia Ellison
pellison@pcsd.ms 662-489-1826
5. All information must be received by the awards committee no later than January 31st.

GUIDELINES

Submit documentation of the following:

1. The program must have been operational for at least three (3) years.
2. The program must be well attended and have successful placement.
3. The program must work cooperatively with business, labor leaders, and local organizations. (Provide Examples)
4. The program should provide "hands-on" experiences in laboratories, shops, and/or work sites. (Provide Examples)
5. The instructor(s) must be well qualified. (Submit copy of license)
6. The program must have some procedure for self-evaluation and feedback from students, employers, and other concerned individuals and groups.
7. The program should be able to provide narrative, statistical and photographic evidence of the requested guidelines.
8. The program should be able to secure three (3) letters of recommendation indicating success of the program from the educational as well as business/industry perspective.

MSACTE OUTSTANDING PROGRAM AWARD NOMINATION FORM

DATE _____

NAME OF PROGRAM BEING NOMINATED _____

SECONDARY _____ POSTSECONDARY _____

NAME OF LEAD TEACHER/ADMINISTRATOR _____

CURRENT MS ACTE MEMBER: YES _____ NO _____

SCHOOL _____

ADDRESS OF PERSON RESPONSIBLE FOR PROGRAM:

_____ CITY _____ ZIP _____

TELEPHONE _____

HAS THE PROGRAM BEEN IN OPERATION FOR AT LEAST THREE (3) YEARS?

YES _____ NO _____ (ANSWER MUST BE "YES" TO QUALIFY)

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NAME OF NOMINATOR _____

PLACE OF EMPLOYMENT _____

ADDRESS:

_____ CITY _____ ZIP _____

TELEPHONE _____ E-MAIL _____

NOMINATOR'S SIGNATURE _____ DATE _____

MSACTE OUTSTANDING PROGRAM AWARD EVALUATION FORM

NAME OF PROGRAM _____

SECONDARY _____ POSTSECONDARY _____

SCHOOL _____

CTE FUNDED? YES _____ NO _____

Criteria	Maximum Points	Score
Length of operation (minimum 3 years)	10	
Attendance and placement	25	
Evidence of cooperation with business, labor leaders, and local organizations	15	
Evidence of "hands-on" experience in labs, shops, and/or work sites	10	
Well-qualified instructors	10	
Evidence of self-evaluation feedback from employers and others	10	
Narrative, statistical, and photographic evidence	10	
Letters of recommendation	10	
Total Points:		

EVALUATOR'S INITIALS _____