

SCHOOL YEAR 2019 – 2020
ANNUAL EDUCATIONAL AND OCCUPATIONAL OBJECTIVES FOR STUDENTS
ENROLLED IN A PDE-APPROVED CAREER AND TECHNICAL EDUCATION (CTE) PROGRAM

SECONDARY SCHOOL OFFERING APPROVED CTE PROGRAM
BEDFORD COUNTY TECHNICAL CENTER

INSTRUCTIONS: This form is to be completed each year by students enrolled in Pennsylvania Department of Education (PDE) approved CTE program with the intent to take further technical instruction offered by the program to achieve a related occupational objective. The scope and sequence for the PDE approved program serves as the educational plan.

This form is to be completed by the student and verified and signed by the instructor and guidance/career counselor:

STUDENT'S NAME: _____ GENDER ____M ____F
(Please Print) Last Name First Name Middle Initial

ADDRESS _____ GRADE LEVEL ____
Street City State & Zip Code

BIRTHDATE _____ RACIAL ETHNIC _____ PA SECURE ID NUMBER _____

SENDING SCHOOL DISTRICT – Circle School District

BEDFORD EVERETT CHESTNUT RIDGE HFHCS NORTHERN BEDFORD TUSSEY MOUNTAIN

DISADVANTAGE INFORMATION – Check all that apply IEP_____ Economics_____ Education_____

PROGRAM NAME: Allied Health & Medical Assisting Services, Other CIP CODE: 51.0899

1. Is student enrolled in an approved Tech Prep/Program of Study (POS) for technical instruction? Circle one YES NO

2. If yes, is student taking minimum academic coursework per approved Tech Prep/POS program scope and sequence?
Circle one YES NO

3. Student's plans following high school graduation – Check all that apply.

____Employment or ____Military service/training – Specify Branch _____

____Postsecondary education – specify ____College ____Technical/Proprietary School

4. Student's program-related occupational objective – check one.

____Health Technologist and Technician, All Other

____Health Technologist and Technician, Other

____Healthcare Practitioner and Technical Worker, All Other

____Healthcare Practitioner and Technical Worker, Other

____Phlebotomist

____Healthcare Support Worker, All Other

____Healthcare Support Worker, Other

____Other

Student's Signature _____ Date _____

Parent's / Guardian's Signature _____ Date _____

Instructor's Signature _____ Date _____

Counselor's Signature _____ Date _____

It is the policy of BEDFORD COUNTY TECHNICAL CENTER not to discriminate on the basis of sex, handicap, race and national origin in its educational and vocational programs, activities, or employment as required by Title IX, Section 504, and Title VI.

Pennsylvania State Board of Education, Chapter 4 Section 4.31(e) states that a student's record shall include the student's educational and occupational objectives. This form must be completed and signed each school year by the student enrolled in planned technical courses/instruction offered by the program and must be maintained in school files. The Office of the Auditor General will review student records to determine if the technical courses/instruction taken by the student coincide with the planned courses/instruction documented for the approved CTE program.