



REQUEST FOR REVIEW - CAREER AND TECHNICAL EDUCATION (CTE) COURSE DESIGNATION

State Form 56479 (1-18)
DEPARTMENT OF WORKFORCE DEVELOPMENT

School Corporation Information

School Number:	
Corporation Number:	
School Corporation Name:	
School Name:	

Area CTE District

Member of Area CTE District?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Area CTE District Number:		
Area CTE District Name:		

CTE Course(s) Requested to be Reviewed

Indiana Department of Education Course Number	Indiana Department of Education Course Title

Supporting Information for the CTE Course Designation Review*

Please include and/or attach any regional research and analysis or other compelling information for consideration by the review committee.

Contact Information

School District Superintendent:	
E-mail:	
Telephone:	

Area CTE Director:	
E-mail:	
Telephone:	

Required Signatures

Please print and sign your names on the lines below.

School District Superintendent Name Signature Date (mm/dd/yy)

Area CTE Director Name Signature Date (mm/dd/yy)

Requests for Review must be submitted to the Department of Workforce Development by March 15, 2018. Please submit documentation to:

Beth Meguschar
Associate Chief Operating Officer for Workforce Education and Training
emeguschar@dwd.IN.gov
317-232-3088

Reviews will be conducted by a committee consisting of representation from DWD, DOE and CHE. The review will include rerunning the funding formula, utilizing regional occupation ratings rather than statewide ratings as well as consideration of any provided materials or data suggesting that the course funding designation is not representative of employment **demand** in the region surrounding the school corporation.

Requests for Review are permissible subject to Indiana Code 20-43-8-10.