



JOINT OPERATING COMMITTEE MEETING

March 5, 2025

6:30 P.M.

DIRECTOR'S REPORT

- ITEM # 1: Recommend approval of two Automotive Technology students to attend field trip to Top Tech Hands-On Competition in Warminster, PA, on March 7, 2025. Two students have passed the written test and are now advancing to the practical portion for the Top Tech Challenge for the Greater Philadelphia Auto Technology Competition. Trip is at no cost to CMTHS or students. (Attachment # 1)
- ITEM # 2: Recommend approval for HOSA to attend State Leadership Conference on March 26th through March 28th, 2025 at the Wyndam Resort and Convention Center, Lancaster, PA. Cost of trip not to exceed \$5,000.00 (Attachment # 2)
- ITEM # 3: Recommend approval for Educator's Rising Student Group to attend field trip to Penn State University on March 27th & March 28th. Group will compete in the State Conference. Cost not to exceed \$350.00. (Attachment # 3)
- ITEM # 4: Recommend approval for SkillsUSA to attend State Competition April 2, 2025 through April 4, 2025 at Hershey Lodge. Cost not to exceed \$8,200.00 (Attachment # 4)
- ITEM # 5: Recommend approval of Landscape, Design, and Construction Program to visit Ambler Arboretum of Temple University on April 23, 2025. Cost of transportation is \$375.00 and will be offset by fundraising profits. (Attachment # 5)
- ITEM # 6: Recommend approval for Dreaming Forward Student Group to attend the fourth in a four-part series event at MCIU on April 23, 2025. Trip is at no cost to CMTHS or students. (Attachment # 6)
- ITEM # 7: Recommend approval for Dreaming Forward Student Group to tour UN Headquarters in New York City, on April 30, 2025. Trip is estimated to cost each student \$170.00. (Attachment # 7)
- ITEM # 8: Recommend approval for Michael Navarra, Collision Repair Instructor, and Michael Hoult, Automotive Technology Instructor, to attend an Instructor Training Seminar at Automotive Training Center on March 12, 2025. Conference is at no cost to CMTHS. (Attachment # 8)

ITEM # 9: Recommend approval for Michael Navarra, Collision Repair Instructor, to attend Colours Inc. Trade Show, on March 17, 2025. Event will offer live demonstrations and professional development opportunities. Cost not to exceed \$75. (Attachment # 9)

ITEM # 10: Recommend approval for Thomas Thompson, Data Coordinator, to attend PDE Data Summit on March 24, 2025, at Hershey Lodge. Cost not to exceed \$380.00. (Attachment # 10)

ITEM # 11: Recommend the second reading of the following policies: (Attachment # 11)

Policy # 103.1

Nondiscrimination - Qualified Students with Disabilities

Policy # 126.1

Evaluation of Instructional Programs

DR. ANGELA KING
EXECUTIVE DIRECTOR

Field Trip Request Form

Sent Yesterday At 11:38 AM By Michael Hoult

Workflow Step 1 | Form Entry | Michael Hoult

Submitted by Michael Hoult on 02/13/2025 at 11:45 AM

Legal Name

Staff Submitting Form

First Name
Michael

Last Name
Hoult

Purpose of trip*

Field Trip - One time

Work-based Learning - Multiple times

Student Organization

Select Program/CTSO *

Auto Tech

Other Group Name

Which session(s) attending field trip?*

AM Session

PM Session

BOTH

Multi-Group

Name of the Location

Automotive Training Center - Top Tech Hands-On Competition

Address

Trip Location

Address 1

900 Johnsville Blvd

City

Warminster

State

Pennsylvania

Zip Code

18974

Are there Multiple Trips to Same Location?

Yes

No

Please enter the date of the first of multiple trips or one-time trip. Please notify Ms. Mason of the additionally scheduled trips.

Date of First or Only Trip*

03/07/2025

Departure Time from CMTHS*

7:15am

Pick up Time from Trip Location*

we are staying at the end all day

Return Time back to CMTHS*

3:30pm

Bus Transportation Cost

Program Fan Pledge Fund

Other Fund

Other Fund Account

Van - Reserve in Skedda

Small Van

Approximate # Students*

2

Approximate # of Chaperones*

1

Head Chaperone's First & Last Name*

Michael E Hoult

Head Chaperone's Cell Phone #*

267-432-7033


Approximate Cost of Trip*

Cost of tolls

File Upload(s)

Upload Information

No files uploaded

 Link will display here

Comments

This trip is for the hands-on portion of the top tech challenge for the ADAGP. Students Michael Graham and Brodie Marshbank passed the written test and advanced to the hands-on portion March 7,2025.

Workflow Step 2 | Review & Approve (Or Deny) | James Brunken

Submitted by James Brunken on 02/14/2025 at 9:28 AM

James Brunken 

Signed:

User:

James Brunken
Time:
Today at 9:28 AM
IP Address:
216.162.93.11, 107.154.68.26

James Brunken
Email:
jbrunken@cmths.org

[Workflow Step 3 | Review Form | Tamara Washington](#)

Submitted by Tamara Washington on 02/14/2025 at 9:29 AM

Field Trip Request Form

Sent Today At 1:41 PM By Noelle Pumo

Workflow Step 1 | Form Entry | Noelle Pumo

Submitted by Noelle Pumo on 02/27/2025 at 1:50 PM

Legal Name

Staff Submitting Form

First Name
Noelle

Last Name
Pumo

Purpose of trip*

Field Trip - One time

Work-based Learning - Multiple times

Student Organization

Select Program/CTSO *

Healthcare

Other Group Name
HOSA

Which session(s) attending field trip?*

AM Session

PM Session

BOTH

Multi-Group

Name of the Location
Wyndham Lancaster

Address

Trip Location

Address 1
2300 Lincoln Hwy E

City
Lancaster, PA

State
Pennsylvania

Zip Code
17602

Are there Multiple Trips to Same Location?

Yes

No

Please enter the date of the first of multiple trips or one-time trip. Please notify Ms. Mason of the additionally scheduled trips.

Date of First or Only Trip*
03/26/2025

Departure Time from CMTHS*
0900

Pick up Time from Trip Location*
3/28 at 1200Noon

Return Time back to CMTHS*
3/28 by 2pm

Bus Transportation Cost

Program Fan Pledge Fund

Other Fund

Other Fund Account

Van - Reserve in Skedda

Please Select

Approximate # Students*
13

Approximate # of Chaperones*
2

Head Chaperone's First & Last Name*
Noelle Pumo

Head Chaperone's Cell Phone #*
484-886-1464


Approximate Cost of Trip*
TBD

File Upload(s)

Upload Information

No files uploaded

Maximum file size: 50 MB

 Link will display here

Comments

TRIP IS # DAYS long leave Wednesday, 3/26, at 0900 and return Friday, 3/28, at 1215 pm

Workflow Step 2 | Review & Approve (Or Deny) | James Brunken

Please Sign*

Workflow Step 3 | Review Form | Tamara Washington

Field Trip Request Form

Sent 09/05/2024 At 1:32 PM By Debora Broderick

Workflow Step 1 | Form Entry | Debora Broderick

Submitted by Debora Broderick on 09/05/2024 at 1:34 PM

Legal Name

Staff Submitting Form

First Name
Debora

Last Name
Broderick

Start Date*
03/27/2025

End Date*
03/28/2025

Location*

Penn State University, State College, PA

Transportation Type*

Bus*

School Van*

Other*

Approximate Cost of Trip*


Conference is free; hotel & transport TBD.

Purpose of the Trip*

Educators Rising club members will compete at the State Conference

File Upload(s)

Upload Information
No files uploaded

 Link will display here

Which session(s) attending field trip?*

AM Session

PM Session

BOTH

Multi-Group

Select Program/CTSO
Educators Rising

Approximate # Students*
10-15

Comments

Depending on how many students attend, we may need a bus.

Workflow Step 2 | Review & Approve (Or Deny) | James Brunken

Submitted by James Brunken on 09/09/2024 at 11:23 AM

James Brunken 

Signed:

James Brunken

Time:

09/09/2024 at 11:23 AM

IP Address:

216.162.93.11, 107.154.68.28

User:

James Brunken

Email:

jbrunken@cmths.org

Comments

Please provide more information about the conference.

Field Trip Request Form

Sent 09/03/2024 At 7:59 PM By Colleen Kriebel

Workflow Step 1 | Form Entry | Colleen Kriebel

Submitted by Colleen Kriebel on 09/03/2024 at 8:03 PM

Legal Name

Staff Submitting Form

First Name: Colleen
Last Name: Kriebel

Start Date*: 04/02/2025

End Date*: 04/04/2025

Location*

Hershey Lodge 325 University Dr, Hershey, PA 17033

Transportation Type*

Bus*

School Van*

Other*

Approximate Cost of Trip*

TBD

Purpose of the Trip*

SkillsUSA State Competitions
<https://www.skillsusapa.org/states>

File Upload(s)

Upload Information
No files uploaded

 Link will display here

Which session(s) attending field trip?*

AM Session

PM Session

BOTH

Multi-Group

Select Program/CTSO
SkillsUSA

Approximate # Students*
15-20

Comments

The number of students depends upon winning at the district level.
2-3 advisors needed

Workflow Step 2 | Review & Approve (Or Deny) | James Brunken

Submitted by James Brunken on 09/05/2024 at 9:04 AM

James Brunken 

Signed:
James Brunken
Time:
09/05/2024 at 9:04 AM
IP Address:
216.162.93.11, 107.154.68.28

User:
James Brunken
Email:
jbrunken@cmths.org

Field Trip Request Form

Sent Yesterday At 8:57 AM By Melissa Trocheck

Workflow Step 1 | Form Entry | Melissa Trocheck

Submitted by Melissa Trocheck on 02/26/2025 at 9:03 AM

Legal Name

Staff Submitting Form

First Name
Melissa

Last Name
Trocheck

Purpose of trip*

Field Trip - One time

Work-based Learning - Multiple times

Student Organization

Select Program/CTSO *

Landscaping

Other Group Name

Which session(s) attending field trip?*

AM Session

PM Session

BOTH

Multi-Group

Name of the Location
Temple-AmblerArboretum

Address

Trip Location

Address 1
580 Meetinghouse Road

City
Ambler

State
Pennsylvania

Zip Code
19002

Are there Multiple Trips to Same Location?

Yes

No

Please enter the date of the first of multiple trips or one-time trip. Please notify Ms. Mason of the additionally scheduled trips.

Date of First or Only Trip*
04/23/2025

Departure Time from CMTHS*
8:30

Pick up Time from Trip Location*
1:15

Return Time back to CMTHS*
2

Bus Transportation Cost

Program Fan Pledge Fund

Other Fund

Other Fund Account
money from wreath and plant sales

Van - Reserve in Skedda

Please Select 

Approximate # Students*
39

Approximate # of Chaperones*
2

Head Chaperone's First & Last Name*
Melissa Trocheck

Head Chaperone's Cell Phone #*
7172781049


Approximate Cost of Trip*
bus cost? \$1000?

File Upload(s)

Upload Information

No files uploaded

Maximum file size: 50 MB

 Link will display here

Comments

would need a bus to and from the site

Workflow Step 2 | Review & Approve (Or Deny) | James Brunken

Submitted by James Brunken on 02/26/2025 at 9:05 AM

Please Sign*

--

Comments

I am conditionally approving the trip. The business office will need to see if funding is available for the bus.

Workflow Step 3 | Review Form | Tamara Washington

Submitted by Tamara Washington on 02/26/2025 at 9:10 AM

Field Trip Request Form

Sent 09/05/2024 At 1:21 PM By Debora Broderick

Workflow Step 1 | Form Entry | Debora Broderick

Submitted by Debora Broderick on 09/05/2024 at 1:22 PM

Legal Name

Staff Submitting Form

First Name
Debora

Last Name
Broderick

Start Date*
04/23/2025

End Date*
04/23/2025

Location*

MCIU

Transportation Type*

Bus*

School Van*

Other*

Approximate Cost of Trip*

free


Purpose of the Trip*

This is the third in a 4-part series for students participating in Dreaming Forward

File Upload(s)

Upload Information

 [Dreaming Forward Student Flyer.pdf](#)

 Link will display here

Which session(s) attending field trip?*

AM Session

PM Session

BOTH

Multi-Group

Select Program/CTSO

Other

Approximate # Students*

5

Comments

This is the third in a 4-part series for students participating in Dreaming Forward

Workflow Step 2 | Review & Approve (Or Deny) | James Brunken

Submitted by James Brunken on 09/09/2024 at 11:21 AM

James Brunken 

Signed:

James Brunken

Time:

09/09/2024 at 11:21 AM

IP Address:

216.162.93.11, 107.154.68.28

User:

James Brunken

Email:

jbrunken@cmths.org

Field Trip Request Form

Sent Yesterday At 12:31 PM By Debora Broderick

Workflow Step 1 | Form Entry | Debora Broderick

Submitted by Debora Broderick on 02/25/2025 at 12:37 PM

Legal Name

Staff Submitting Form

First Name
Debora

Last Name
Broderick

Purpose of trip*

Field Trip - One time

Work-based Learning - Multiple times

Student Organization

Select Program/CTSO *

Other

Other Group Name

Dreaming Forward

Which session(s) attending field trip?*

AM Session

PM Session

BOTH

Multi-Group

Name of the Location

NYC, United Nations

Address

Trip Location

Address 1
405 E 45th St

City
New York

State
New York

Zip Code
10017

Are there Multiple Trips to Same Location?

Yes

No

Please enter the date of the first of multiple trips or one-time trip. Please notify Ms. Mason of the additionally scheduled trips.

Date of First or Only Trip*
04/30/2025

Departure Time from CMTHS*
7:20

Pick up Time from Trip Location*
10:30

Return Time back to CMTHS*
11:30

Bus Transportation Cost

Program Fan Pledge Fund

Other Fund

Other Fund Account
Bake Sale/CMTHS Match/Student Contribution

Van - Reserve in Skedda
Other

Approximate # Students*
10

Approximate # of Chaperones*
1

Head Chaperone's First & Last Name*
Deb Broderick


Head Chaperone's Cell Phone #*
6108361536

Approximate Cost of Trip*
\$165.50 per student

File Upload(s)

Upload Information

 [Dreaming Forward NYC Proposal - Google Docs.pdf](#)

 Link will display here

Workflow Step 2 | Review & Approve (Or Deny) | James Brunken

Submitted by James Brunken on 02/25/2025 at 1:32 PM

James Brunken 

Signed:
James Brunken
Time:
Yesterday at 1:31 PM
IP Address:
216.162.93.11, 107.154.68.28

User:
James Brunken
Email:
jbrunken@cmths.org

Professional Improvement Conference/Workshop Request Form**General Info**

User **Michael Navarra**
 Building **Central Montco Technical High School**
 Employee ID **7470858**
 Certificate ID **7470858**
 Submitted **2/2/2025 8:10 pm**
 Dates **3/12/2025 to 3/12/2025**
 Reference ID **D22963-A0-S-L132737519**

File Attachment

Please check off supporting documentation:

Activity Information

Name of Conference or Workshop: **Atc Instructor training seminar**
 Brief Description of Conference/Workshop: **Training seminar to help bring instructors up to date to current learning trends**
 Purpose or reason for attending this conference/workshop: **Professional development**
 Other attendees: (they will fill out THEIR OWN FORMS to gain permission to attend): **None**

Dates, Times, Location, Sub needed?

of Meetings = # of Days for the Conference/Workshop

of Meetings **1**

| # | Date | Time | Location |
|----|------------------|--------------------|---|
| 1. | Wed Mar 12, 2025 | 8:00 am to 4:00 pm | Location: 900 Johnsville Blvd, Warminster, PA 18974 |

Provider of Training

Provider:
 Other Provider **Automotive Training Center**

Estimated Expenses:(to be completed when submitting application for approval)

Registration Fee: **0.00**
 Transportation : **0.00**
 Lodging (include all taxes): **0.00**
 Meals: **0.00**
 Mileage (Multiply the amount of miles to the activity minus the amount of miles from home to work by .67 and put the dollar amount here)) **0.00**
 Total Estimated Cost for Conference/Workshop: **0**
 Enter the Total # of Miles **11**

Number of Act 48 hours you are seeking

Total Act 48 Hours: 8.00

Purpose(s)Purpose: Act 48**Source of Funding**

Budgeted General Funds:

Check #:

Amount:

Finish**Administrator's Section****Approval Summary**

| Administrator | Approval Type | Status | Date |
|----------------|---------------|----------|----------------------|
| King, Angela | PRIOR | APPROVED | 2/7/2025 9:24 am |
| Popov, Valerie | PRIOR | APPROVED | 2/10/2025 6:53 am |
| King, Angela | FINAL | | |

Comments

From Michael Navarra (Form originally submitted on 2/2/2025 8:10 pm)

11

Expenses

| Description | Requested | Approved | Final |
|----------------|-----------|----------|-------|
| Registration | \$0.00 | ----- | ----- |
| Transportation | \$0.00 | ----- | ----- |
| Meals | \$0.00 | ----- | ----- |
| Lodging | \$0.00 | ----- | ----- |
| Other Expenses | \$0.00 | ----- | ----- |
| Totals | \$0.00 | \$0.00 | |

Evaluation(s)

Received

Not Completed - 2024-2025 Workshop Evaluation Form

Professional Improvement Conference/Workshop Request Form

General Info

User **Michael Hoult**
Building Central Montco Technical High School
Employee ID 553844
Certificate ID 6272163
Submitted 2/13/2025 12:23 pm
Dates 3/12/2025 to 3/12/2025
Reference ID D22963-A0-S-L133027896

File Attachment

Please check off supporting documentation:

Activity Information

Name of Conference or Workshop: Automotive Training Center - Instructor Seminar
Brief Description of Conference/Workshop: 2 automotive presenters will go over new alternative fuel options, hybrids, electric vehicles, camshaft and crankshaft timing.
Purpose or reason for attending this conference/workshop: To gain 8 hours of Act 48/ ASE education foundation hours. Learn new knowledge of hybrids, electric vehicles and alternative fuels.
Other attendees: (they will fill out THEIR OWN FORMS to gain permission to attend): n/a Mike Navarra

Dates, Times, Location, Sub needed?

of Meetings = # of Days for the Conference/Workshop

of Meetings 1

| # | Date | Time | Location |
|----|------------------|--------------------|--|
| 1. | Wed Mar 12, 2025 | 8:00 am to 3:00 pm | Location: Automotive Training Center, 900 Johnsville Boulevard, Warminster, PA 18974 |

Provider of Training

Provider:
Other Provider Jerry Truglia, Josh Weaver

Estimated Expenses:(to be completed when submitting application for approval)

Registration Fee: 0.00
Transportation : 0.00
Lodging (include all taxes): 0.00
Meals: 0.00
Mileage (Multiply the amount of miles to the activity minus the amount of miles from home to work by .67 and put the dollar amount here)) 23.99

Total Estimated Cost for Conference/Workshop: 23.986 plus cost of tolls
 Enter the Total # of Miles 35.8

Number of Act 48 hours you are seeking

Total Act 48 Hours: 8.00

Purpose(s)

Purpose: Act 48
 Industry Certification

Source of Funding

Budgeted General Funds:
 Check #:
 Amount:

Finish

Administrator's Section

Approval Summary

| Administrator | Approval Type | Status | Date |
|----------------|---------------|----------|----------------------|
| King, Angela | PRIOR | APPROVED | 2/24/2025 8:20 am |
| Popov, Valerie | PRIOR | APPROVED | 2/25/2025 7:18 am |
| King, Angela | FINAL | | |

Comments

From Michael Houtt (Form originally submitted on 2/13/2025 12:23 pm)
 35.8

From Angela King to Michael Houtt
 Mike: I will approve this, but can you please stop by to discuss the plan for you to be out that day? Mr. Navarra is also attending this event.

Expenses

| Description | Requested | Approved | Final |
|----------------|----------------|---------------|-------|
| Registration | \$0.00 | ----- | ----- |
| Transportation | \$0.00 | ----- | ----- |
| Meals | \$0.00 | ----- | ----- |
| Lodging | \$0.00 | ----- | ----- |
| Other Expenses | \$0.00 | ----- | ----- |
| Totals | \$23.99 | \$0.00 | |

Evaluation(s)

Received

Not Completed - 2024-2025 Workshop Evaluation Form



Professional Improvement Conference/Workshop Request Form**General Info**

User **Michael Navarra**
 Building Central Montco Technical High School
 Employee ID 7470858
 Certificate ID 7470858
 Submitted 2/2/2025 8:23 pm
 Dates 3/17/2025 to 3/17/2025
 Reference ID D22963-A0-S-L132737567

File Attachment

Please check off supporting documentation:

Activity Information

Name of Conference or Workshop: Colours inc trade show
 Brief Description of Conference/Workshop: Attend trade show to interact with equipment suppliers attend live demos
 Purpose or reason for attending this conference/workshop: Attend live demos and seek professional development opportunities
 Other attendees: (they will fill out THEIR OWN FORMS to gain permission to attend): none

Dates, Times, Location, Sub needed?

of Meetings = # of Days for the Conference/Workshop

of Meetings 1

| # | Date | Time | Location |
|----|------------------|--------------------|---|
| 1. | Mon Mar 17, 2025 | 2:00 pm to 9:00 pm | Location: 250 Kalahari Blvd, Pocono Manor, PA 18349 |

Provider of Training

Provider:
 Other Provider Colours inc

Estimated Expenses:(to be completed when submitting application for approval)

Registration Fee: 0.00
 Transportation : 0.00
 Lodging (include all taxes): 0.00
 Meals: 0.00
 Mileage (Multiply the amount of miles to the activity minus the amount of miles from home to work by .67 and put the dollar amount here)) 0.00
 Total Estimated Cost for Conference/Workshop: 85.76
 Enter the Total # of Miles 128

Number of Act 48 hours you are seeking

Total Act 48 Hours: 0.00

Purpose(s)

Purpose: Not for Act 48

Source of Funding

Budgeted General Funds:

Check #:

Amount:

Finish

Administrator's Section

Approval Summary

| Administrator | Approval Type | Status | Date |
|----------------|---------------|----------|----------------------|
| King, Angela | PRIOR | APPROVED | 2/7/2025 9:26 am |
| Popov, Valerie | PRIOR | APPROVED | 2/10/2025 6:53 am |
| King, Angela | FINAL | | |

Comments

From Michael Navarra (Form originally submitted on 2/2/2025 8:23 pm)
128

Expenses

| Description | Requested | Approved | Final |
|----------------|-----------|----------|-------|
| Registration | \$0.00 | ----- | ----- |
| Transportation | \$0.00 | ----- | ----- |
| Meals | \$0.00 | ----- | ----- |
| Lodging | \$0.00 | ----- | ----- |
| Other Expenses | \$0.00 | ----- | ----- |
| Totals | \$0.00 | \$0.00 | |

Evaluation(s)

Received

Not Completed - 2024-2025 Workshop Evaluation Form

Professional Improvement Conference/Workshop Request Form

General Info

User **THOMAS Thompson**
 Building Central Montco Technical High School
 Employee ID 742972
 Submitted 2/26/2025 2:20 pm
 Dates 3/24/2025 to 3/24/2025
 Reference ID D22963-A0-S-L133302514

File Attachment

Please check off supporting documentation:

Activity Information

Name of Conference or Workshop: PDE Data Summit
 Brief Description of Conference/Workshop: Annual Data Summit in Hershey PA for PIMS Administrators
 Purpose or reason for attending this conference/workshop: Professional Development/Training
 Other attendees: (they will fill out THEIR OWN FORMS to gain permission to attend): N/A

Dates, Times, Location, Sub needed?

of Meetings = # of Days for the Conference/Workshop

of Meetings 1

| # | Date | Time | Location |
|----|------------------|--------------------|--|
| 1. | Mon Mar 24, 2025 | 8:00 am to 4:00 pm | Location: Hershey Lodge 325 University Dr, Hershey, PA 17033 |

Provider of Training

Provider:
 Other Provider PDE

Estimated Expenses:(to be completed when submitting application for approval)

Registration Fee: 185.00
 Transportation : 113.97
 Lodging (include all taxes): 0.00
 Meals: 0.00
 Mileage (Multiply the amount of miles to the activity minus the amount of miles from home to work by .67 and put the dollar amount here)) 0.00
 Total Estimated Cost for Conference/Workshop: 298.97
 Enter the Total # of Miles 174.4

Number of Act 48 hours you are seeking

Total Act 48 Hours: 0.00

Purpose(s)

Purpose: Not for Act 48

Source of Funding

Budgeted General Funds:

Check #:

Amount:

Finish

Administrator's Section

Approval Summary

| Administrator | Approval Type | Status | Date |
|----------------|---------------|----------|----------------------|
| King, Angela | PRIOR | APPROVED | 2/26/2025 2:39 pm |
| Popov, Valerie | PRIOR | APPROVED | 2/27/2025 7:20 am |
| King, Angela | FINAL | | |

Comments

From THOMAS Thompson (Form originally submitted on 2/26/2025 2:20 pm)
174.4

Expenses

| Description | Requested | Approved | Final |
|----------------|-----------|----------|-------|
| Registration | \$185.00 | \$185.00 | ----- |
| Transportation | \$113.97 | \$113.97 | ----- |
| Meals | \$0.00 | ----- | ----- |
| Lodging | \$0.00 | ----- | ----- |
| Other Expenses | \$0.00 | ----- | ----- |
| Totals | \$298.97 | \$298.97 | |

Evaluation(s)

Received

Not Completed - 2024-2025 Workshop Evaluation Form



| | |
|---------|--|
| Book | Policy Manual |
| Section | 100 Programs |
| Title | Nondiscrimination - Qualified Students with Disabilities |
| Code | 103.1 - NEW |
| Status | Second Reading |

Authority

The Joint Operating Committee adopts this policy to ensure that all school programs and practices are free from discrimination against all qualified students with disabilities. The Joint Operating Committee recognizes its responsibility to provide academic and nonacademic services and programs equally to students with and without disabilities.[\[1\]](#)[\[2\]](#)[\[3\]](#)[\[4\]](#)[\[5\]](#)[\[6\]](#)[\[7\]](#)[\[8\]](#)[\[9\]](#)[\[10\]](#)[\[11\]](#)[\[12\]](#)

The school shall provide to each qualified student with a disability enrolled in the school, without cost to the student or parent/guardian, a free and appropriate public education (FAPE). This includes provision of education and related aids, services, or accommodations which are needed to afford each qualified student with a disability equal opportunity to participate in and obtain the benefits from educational programs and extracurricular activities without discrimination, to the same extent as each student without a disability, consistent with federal and state laws and regulations.

The Joint Operating Committee encourages students and parents/guardians who believe they have been subjected to discrimination or harassment to promptly report such incidents to designated employees.

The Joint Operating Committee directs that complaints of discrimination or harassment shall be investigated promptly, and corrective or preventative action be taken for substantiated allegations.

Confidentiality

Confidentiality of all parties, witnesses, the allegations, the filing of a complaint and the investigation shall be maintained, consistent with the school's legal and investigative obligations.

Retaliation

The school shall not intimidate, threaten, coerce, discriminate or retaliate against any individual for the purpose of interfering with any right or privilege secured by this policy.

Definitions

Qualified student with a disability - a student who has a physical or mental disability which substantially limits or prohibits participation in or access to an aspect of the school's educational programs, nonacademic services or extracurricular activities.[\[13\]](#)[\[14\]](#)

Section 504 Team - a group of individuals who are knowledgeable about the student, the meaning of the evaluation data and the placement options for the student. This could include, as appropriate, documentation or input from classroom teachers, counselors, psychologists, school nurses, outside care providers and the student's parents/guardians. A representative from the school shall participate as a member of the Section 504 Team.[\[3\]](#)[\[4\]](#)[\[9\]](#)

Section 504 Service Agreement (Service Agreement) - an individualized plan for a qualified student with a disability which sets forth the specific related aids, services, or accommodations needed by the student, which shall be implemented in school, in transit to and from school, and in all programs and procedures, so that the student has equal access to the benefits of the school's educational programs, nonacademic services, and extracurricular activities.[\[15\]](#)

Disability harassment - intimidation or abusive behavior toward a student based on disability that creates a hostile environment by interfering with or denying a student's participation in or receipt of benefits, services, or opportunities in the school's educational programs, nonacademic services, or extracurricular activities.[\[12\]](#)

Delegation of Responsibility

In order to maintain a program of nondiscrimination practices that is in compliance with applicable law and regulations, the Joint Operating Committee designates the Assistant Director or Designee as the school's Section 504 Coordinator.[\[16\]](#)

In addition, each separate building shall have a Section 504 building administrator.

The school shall publish and disseminate this policy and complaint procedure on or before the first day of each school year by posting it on the school's website, if available, and in the student handbook. The school shall notify parents/guardians of the school's responsibilities under applicable law and regulations, and that the school does not discriminate against qualified individuals with disabilities.[\[11\]](#)[\[17\]](#)[\[18\]](#)

Guidelines

If the school has reason to believe that a student should be identified as a qualified student with a disability, should no longer be identified as a qualified student with a disability, or requires a change in or modification of the student's current Service Agreement, the school shall notify the student's school district of residence.[\[19\]](#)

Service Agreement

If a student is determined to be a qualified student with a disability, the school shall coordinate with the student's Section 504 Team to develop, modify or terminate a written Service Agreement. The school shall implement a student's Service Agreement for the delivery of all appropriate aids, services, or accommodations necessary to provide the student with FAPE. The Service Agreement shall address safety education and training in accordance with state regulations, as applicable to each qualified student with a disability enrolled in career and technical programs.[\[4\]](#)[\[15\]](#)[\[21\]](#)

Educational Programs/Nonacademic Services/Extracurricular Activities

The school shall educate a qualified student with a disability with students who are not disabled to the maximum extent appropriate to the needs of the student with a disability. A qualified student with a disability shall be removed from the regular educational environment only when the school determines that educating the student in the regular educational environment with the use of related aids, services, or accommodations cannot be achieved satisfactorily. Placement in a setting other than the regular educational environment shall take into account the proximity of the alternative setting to the student's home.[\[11\]](#)[\[22\]](#)[\[23\]](#)

The school shall not discriminate against any qualified student with a disability in its provision of nonacademic services and extracurricular activities.[11][22][23][24]

Parental Involvement

Parents/Guardians have the right to inspect and review all relevant school records of the student, and meet with the appropriate school officials to discuss any and all issues relevant to accommodations of their child and the provision of services.[15][19][20][25]

Confidentiality of Student Records

All personally identifiable information regarding a qualified student with a disability shall be treated as confidential and disclosed only as permitted by the Family Educational Rights and Privacy Act (FERPA) and its implementing regulations, state regulations, and Joint Operating Committee policy.[26][27][28][29]

Discipline

When necessary, the school shall discipline qualified students with disabilities in accordance with state and federal laws and regulations and Joint Operating Committee policies.[30][31]

Referral to Law Enforcement and Reporting Requirements

For reporting purposes, the term **incident** shall mean an instance involving an act of violence; the possession of a weapon; the possession, use, or sale of a controlled substance or drug paraphernalia as defined in the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act; the possession, use, or sale of alcohol or tobacco; or conduct that constitutes an offense listed under the Safe Schools Act.[32][33][34]

The Administrative Director or designee shall immediately report required incidents and may report discretionary incidents committed on school property, at any school-sponsored activity or on a conveyance providing transportation to or from school or a school-sponsored activity by a qualified student with a disability, including a student for whom an evaluation is pending, to the local police department that has jurisdiction over the school's property, in accordance with state and federal laws and regulations, the procedures set forth in the memorandum of understanding with local law enforcement and Joint Operating Committee policies. The Administrative Director or designee, in coordination with the student's school district of residence, shall respond in a manner that is consistent with the student's Service Agreement and Behavior Support Plan, if applicable.[13][15][22][26][30][32][35][36][37][38][39][40][41][42][43][44][45]

In making a determination of whether to notify the local police department of a discretionary incident committed by a qualified student with a disability, including a student for whom an evaluation is pending, the Administrative Director or designee shall use the same criteria used for students who do not have a disability.[12][36][45][46]

For a qualified student with a disability who does not have a Behavior Support Plan as part of the student's Service Agreement, subsequent to notification to law enforcement, the school, in consultation with the student's school district of residence and the student's parent/guardian, shall consider whether a Behavior Support Plan should be developed as part of the Service Agreement to address the student's behavior.[15][37]

In accordance with state law, the Administrative Director shall annually, by July 31, report to the Office for Safe Schools on the required form all new incidents committed by qualified students with disabilities, including students for whom an evaluation is pending, which occurred on school property, at any school-sponsored activity or on a conveyance providing transportation to or from the school or a school-sponsored activity.[33][45]

PROCEDURAL SAFEGUARDS

The school shall coordinate with the student's school district of residence to implement a system of procedural safeguards that includes notice of rights to the parent/guardian of a student suspected of being a qualified student with a disability, an opportunity for the parent/guardian to review relevant records, an impartial hearing with an opportunity for participation by the student's parent/guardian, and a review procedure.[25][47].

A student or parent/guardian filing a claim of discrimination need not exhaust these procedures prior to initiating court action under Section 504.[20]

Parental Request for Assistance

Parents/Guardians may file a written request for assistance with the Pennsylvania Department of Education (PDE) if one (1) or both of the following apply:[25]

1. The school is not providing the related aids, services and accommodations specified in the student's Service Agreement.

2. The school has failed to comply with the procedures and state regulations.[25]
PDE shall investigate and respond to requests for assistance and, unless exceptional circumstances exist, shall, within sixty (60) calendar days of receipt of the request, send to the parents/guardians, student's school district of residence and school a written response to the request. The response to the parents'/guardians' request shall be in the parents'/guardians' native language or mode of communication.

Informal Conference

At any time, parents/guardians may file a written request with the school and/or student's school district of residence for an informal conference with respect to the identification or evaluation of a student, or the student's need for related aids, services or accommodations. Within ten (10) school days of receipt of the request, the school and/or student's school district of residence shall convene an informal conference. At the conference, every effort shall be made to reach an amicable agreement.[25]

Formal Due Process Hearing

If the matters raised by the school or parents/guardians are not resolved at the informal conference, the parents/guardians or school, in coordination with the student's school district of residence, may submit a written request for an impartial due process hearing. The hearing shall be held before an impartial hearing officer and shall be conducted in accordance with state regulations.[25][48]

Judicial Appeals

The decision of the impartial hearing officer may be appealed to a court of competent jurisdiction.[25]

COMPLAINT PROCEDURE

This complaint procedure is in addition to and does not prevent parents/guardians from using any option in the procedural safeguards system.[12][25][47].

Step 1 – Reporting

A student or parent/guardian who believes s/he has been subject to conduct by any student, employee or third party that constitutes a violation of this policy is encouraged to immediately report the incident to the Section 504 building administrator. Any person with knowledge of

conduct that may violate this policy, is encouraged to immediately report the matter to the Section 504 building administrator.

A school employee who suspects or is notified that a student has been subject to conduct that constitutes a violation of this policy shall immediately report the incident to the Section 504 building administrator, as well as properly making any mandatory police or child protective services reports required by law.[49]

If the Section 504 building administrator is the subject of a complaint, the student, parent/guardian or employee shall report the incident directly to the Section 504 Coordinator.

The complainant or reporting employee may be encouraged to use the school's report form available from the Section 504 building administrator or Section 504 Coordinator, or to put the complaint in writing; however, oral complaints shall be accepted, documented and the procedures of this policy implemented. The person accepting the verbal or written complaint may provide factual information on the complaint and the investigative process, the impact of choosing to seek confidentiality and the right to file criminal charges. In all other respects, the person accepting the complaint shall handle the report objectively, neutrally and professionally, setting aside personal biases that might favor or disfavor the complainant or those accused of a violation of this policy.

Step 2 – Investigation

The Section 504 Coordinator shall ensure that the individual assigned to investigate the complaint has an appropriate understanding of the relevant laws pertaining to discrimination issues and this policy and how to conduct investigations.

The investigator shall work with the Section 504 Coordinator to assess the anticipated scope of the investigation, who needs to be interviewed and what records may be relevant to the investigation.

The investigator shall conduct an adequate, reliable and impartial investigation. The complainant and the accused may suggest additional witnesses and provide other evidence during the course of the investigation. When the initial complaint involves allegations relating to conduct which took place away from school property, school-sponsored activities or school conveyances, the investigation may include inquiries related to these allegations to determine whether they resulted in continuing effects such as harassment in school settings.

The investigation may consist of individual interviews with the complainant, the accused, and others with knowledge relative to the allegations. The investigator may also evaluate any other information and materials relevant to the investigation. The person making the report, parties, parents/guardians and witnesses shall be informed of the prohibition against retaliation for anyone's participation in the process and that conduct believed to be retaliatory should be reported. All individuals providing statements or other information or participating in the investigation shall be instructed to keep the matter confidential and to report any concerns about confidentiality to the investigator.

If the investigation reveals that the conduct being investigated may involve a violation of criminal law, the investigator shall promptly notify the Section 504 Coordinator, who shall promptly inform law enforcement authorities about the allegations.[12][49][50][51]

The obligation to conduct this investigation shall not be negated by the fact that a criminal or child protective services investigation of the allegations is pending or has been concluded. The investigator should coordinate with any other ongoing investigations of the allegations, including agreeing to requests for a short delay in fulfilling the school's investigative responsibilities during

the fact-finding portion of a criminal or child protective services investigation. Such delays shall not extend beyond the time necessary to prevent interference with or disruption of the criminal or child protective services investigation.

Step 3 – Investigative Report

The investigator shall prepare and submit a written report to the Section 504 Coordinator within twenty (20) days of the initial report of alleged discrimination, unless the nature of the allegations, anticipated extent of the investigation or the availability of witnesses requires the investigator and the Section 504 Coordinator to establish a different due date. The parties shall be notified of the anticipated date the investigative report will be completed and of any changes to the anticipated due date during the course of the investigation.

The report shall include a summary of the investigation, a determination of whether the complaint has been substantiated as factual, the information and evaluation that formed the basis for this determination, whether the conduct violated this policy and of any other violations of law or Joint Operating Committee policy which may warrant further school action, and a recommended disposition of the complaint. An investigation into disability harassment shall consider the record as a whole and the totality of circumstances in determining whether a violation of this policy has occurred, recognizing that persistent and pervasive conduct, when taken together, may be a violation even when the separate incidents are not severe.

The complainant and the accused shall be informed of the outcome of the investigation, for example, whether the investigator believes the allegations to be founded or unfounded, within a reasonable time of the submission of the written report to the extent authorized by the Family Educational Rights and Privacy Act (FERPA) and other applicable laws. The accused shall not be notified of the individual remedies offered or provided to the complainant. [\[26\]](#)[\[27\]](#)[\[28\]](#)[\[29\]](#)

Step 4 – Action of the School

If the investigation results in a finding that some or all of the allegations of the complaint are established and constitute a violation of this policy, the school shall take prompt, corrective action designed to ensure that such conduct ceases and that no retaliation occurs. The school shall promptly take appropriate steps to prevent the recurrence of the prohibited conduct and to address the discriminatory effect the prohibited conduct had on the complainant and the school or program environment. School staff shall document the corrective action taken and, where not prohibited by law, inform the complainant. The Section 504 Coordinator shall follow up by assessing the effectiveness of the corrective action at reasonable intervals.

If the investigation results in a finding that a different policy was violated separately from or in addition to violations of this policy, or that there are circumstances warranting further action, such matters shall be addressed at the conclusion of this investigation or through disciplinary or other appropriate referrals where further evaluation or investigation is necessary.

Disciplinary actions shall be consistent with the Code of Student Conduct, Joint Operating Committee policies and administrative regulations, school procedures, applicable collective bargaining agreements, and state and federal laws.

Appeal Procedure

Both parties will receive information on their right to appeal the outcome determination, the appeal procedures, and appeal timelines within the outcome determination.

Parties have the right to appeal in the following circumstances:

1. Procedural irregularity that would change the outcome;
2. New evidence that would change the outcome and that was not reasonably available when the determination whether sex-based harassment occurred, or dismissal was made; and

3. The Section 504 Coordinator, investigator, or decisionmaker had a conflict of interest or bias for or against complainants or respondents generally or the individual complainant or respondent that would change the outcome.

The written appeal must be submitted to the Compliance within fifteen (15) school days of receiving notification of the outcome of the investigation. If the Compliance Officer investigated the complaint, such appeal shall be made to the Superintendent of record.

The individual receiving the appeal shall review the investigation and the investigative report and may also conduct or designate another person to conduct a reasonable supplemental investigation to assess the sufficiency and propriety of the prior investigation.

The person handling the appeal shall prepare a written response to the appeal within twenty (20) school days.

Copies of the response shall be provided to the complainant, the respondent and the investigator who conducted the initial investigation.

Legal

[1. 22 PA Code 12.1](#)

[2. 22 PA Code 12.4](#)

[3. 22 PA Code 15.1 et seq](#)

[4. 22 PA Code 339.21](#)

[5. 22 PA Code 4.4](#)

[6. 28 CFR Part 35](#)

[7. 28 CFR Part 36](#)

[8. 29 U.S.C. 794](#)

[9. 34 CFR Part 104](#)

[10. 42 U.S.C. 12101 et seq](#)

[11. 45 CFR Part 80 App B](#)

12. Pol. 103

[13. 22 PA Code 15.2](#)

[14. 42 U.S.C. 12102](#)

[15. 22 PA Code 15.7](#)

[16. 34 CFR 104.7](#)

[17. 22 PA Code 15.4](#)

[18. 34 CFR 104.32](#)

[19. 34 CFR 104.35](#)

[20. 22 PA Code 15.6](#)

[21. 22 PA Code 339.23](#)

[22. 22 PA Code 15.3](#)

[23. 34 CFR 104.34](#)

[24. 34 CFR 104.37](#)

[25. 22 PA Code 15.8](#)

[26. 22 PA Code 15.9](#)

27. Pol. 216

[28. 20 U.S.C. 1232g](#)

[29. 34 CFR Part 99](#)

30. Pol. 218

31. Pol. 233

[32. 22 PA Code 10.2](#)

[33. 24 P.S. 1303-A](#)

[34. 35 P.S. 780-102](#)

[35. 22 PA Code 10.21](#)

[36. 22 PA Code 10.22](#)

[37. 22 PA Code 10.23](#)

[38. 22 PA Code 10.25](#)

[39. 24 P.S. 1302.1-A](#)

40. Pol. 113.2

41. Pol. 218.1

42. Pol. 218.2

43. Pol. 222

44. Pol. 227

45. Pol. 805.1

[46. 22 PA Code 15.1](#)

[47. 34 CFR 104.36](#)

[48. 22 PA Code 14.162](#)

49. Pol. 806

[50. 18 Pa. C.S.A. 2709](#)

51. Pol. 815

Pol. 113

[103_1-Attach 1RprtForm.doc \(28 KB\)](#)

[103_1-Attach 2.doc \(35 KB\)](#)

**REPORT FORM FOR COMPLAINTS OF DISCRIMINATION –
QUALIFIED STUDENTS WITH DISABILITIES**

Complainant: _____
Home Address: _____
Phone Number: _____
Date of Alleged Incident(s): _____

Alleged discrimination was based on: _____

Name of person you believe violated the Joint Operating Committee's nondiscrimination policy:

If the alleged discrimination was directed against another person, identify the other person:

Describe the incident(s) as clearly as possible, including any graphic, written, electronic, verbal or nonverbal acts (i.e., offensive jokes, slurs, epithets and name-calling, ridicule or mockery, insults or put-downs, offensive objects or pictures, physical assaults or threats, intimidation, or other conduct. Attach additional pages if necessary: _____

When and where the alleged incident(s) occurred: _____

List any witnesses who were present: _____

This complaint is based on my honest belief that _____ has discriminated against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature

Date

Received By

Date

PROCEDURAL SAFEGUARDS NOTIFICATION

Dear Parent/Guardian:

As part of the protections available to you if we cannot agree as to what related aids, services, or accommodations should or should no longer be provided to your child, one or more options available through the procedural safeguard system may be used to resolve the dispute.

Parental Request For Assistance –

Parents/Guardians may file a written request for assistance with the Department of Education if you believe the school (center) is not providing the related aids, services, and accommodations specified in the Service Agreement and/or the school (center) has failed to comply with Chapter 15 of the State Board of Education Regulations.

The Department of Education will investigate and respond to requests for assistance and, unless exceptional circumstances exist, will, within sixty (60) calendar days of receipt of the request, send to the parents/guardians, school district of residence and school (center) a written response to the request.

Written requests should be addressed to:

Pennsylvania Department of Education
Bureau of Special Education
333 Market Street
Harrisburg, PA 17126
717-783-6913

Informal Conference –

Parents/Guardians may file a written request with the school (center) and/or school district of residence for an informal conference with respect to the identification or evaluation of a student, or the student's need for related aids, services, or accommodations. Within ten (10) school days of receipt of the request, the school (center) and/or school district of residence shall convene an informal conference. At the conference, every effort shall be made to reach an amicable agreement.

Formal Due Process Hearing –

Parents/Guardians may file a written request with the school (center) and/or school district of residence for an impartial due process hearing.

1. The hearing shall be held before an impartial hearing officer.
2. The hearing shall be held in the local school (center) or school district of residence at a place reasonably convenient to the parents/guardians. At the request of the parents/guardians, the hearing may be held in the evening.

3. The hearing shall be an oral, personal hearing and shall be open to the public unless the parents/guardians request a closed hearing.
4. If the hearing is open, the decision issued in the case, and only the decision, shall be available to the public.
5. If the hearing is closed, the decision shall be treated as an educational record of the student and may not be available to the public.
6. The decision of the hearing officer shall include findings of fact, discussion and conclusions of law. The decision shall be based solely upon the substantial evidence presented at the hearing. The hearing officer shall have the authority to order that additional evidence be presented.
7. A written transcript of the hearing shall, upon request, be made and provided to parents/guardians at no cost.
8. Parents/Guardians may be represented by legal counsel.
9. A parent/guardian or a parent's/guardian's representative shall be given reasonable access to all educational records, including any tests or reports upon which the proposed action is based.
10. Any party may prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five (5) days before the hearing.
11. A parent/guardian or a parent's/guardian's representative has the right to compel the attendance of and question witnesses of the school entity or agency who may have evidence upon which the proposed action might be based.
12. Any party has the right to present evidence and testimony, including expert medical, psychological or educational testimony.

The following timeline applies to due process hearings:

1. A hearing shall be held within thirty (30) calendar days after a parent's/guardian's initial request for a hearing.
2. The hearing officer's decision shall be issued within forty-five (45) calendar days after the parent's/guardian's request for a hearing.

Judicial Appeals –

The decision of the impartial hearing officer may be appealed to a court of competent jurisdiction. Under some circumstances, you may raise these claims directly under Section 504 without going through the due process hearing.

If, within sixty (60) calendar days of the completion of the administrative due process proceedings under this chapter, an appeal or original jurisdiction action is filed in state or federal court, the administrative order shall be stayed pending the completion of the judicial proceedings, unless the parents/guardians and school (center) agree otherwise.

Please indicate the type of procedural safeguard you are requesting:

Informal Conference

Formal Due Process Hearing

Parent(s)/Guardian(s) Signature

Date

Section 504 Coordinator Signature

Date



| | |
|---------|--------------------------------------|
| Book | Policy Manual |
| Section | 100 Programs |
| Title | Evaluation of Instructional Programs |
| Code | 126.1 |
| Status | Second Reading |

Purpose

It is the obligation of the administration of Central Montco Technical High School to evaluate program viability in all approved programs. Program success should be maintained in all approved programs. To accomplish this evaluation, it is the collective responsibility of the administration, student services staff, and primary teacher(s) to maintain student achievement, and an acceptable level of student enrollment.

Guidelines for Program Enrollment

A key component to a successful and robust CTE program is student enrollment. To measure a program's ideal enrollment and viability, a minimum and maximum program capacity will be based upon the following:

1. Size of the classroom/program space: Square Footage
2. Type of technical program and student safety environment based on program content
3. Education needs of the existing student population, e.g. number of special population students

A low-enrolled program shall be defined as an approved career and technical program enrolling sixty percent (60%) or less of the total program capacity, {60% or less} defined through chapter 339, state board of cosmetology, state board of barbering or as approved by the Joint Operating Committee for the purpose of establishing safe and appropriate delivery of the program curriculum. After reviewing the enrollment data, specific action steps will be implemented to improve program enrollment. Such measures will include interventions for the teacher professional development, recruitment strategies and/or changes to the curriculum.

An over-enrolled program shall be defined as an approved career and technical program enrolling more than one hundred (100%) of the total program capacity, defined through chapter 339 state board of cosmetology, state board of barbering, or as approved by the Joint Operating Committee for the purpose of establishing safe and appropriate delivery of the program curriculum.

Programs which have enrollment projections of more than the student space ratio defined through chapter 339, state board of cosmetology, state board of barbering, or student capacity for safety of instruction approved by the Occupational Advisory Committee for the program, for

any given session will be put on a wait list (standby) until the final determination of enrollment is made for the school year. Additional students will only be assigned to the session if the safety and the educational needs of the students can be met.

In May, the Joint Operating Committee will be informed of programs that meet the definition of low enrolled. These programs will be identified as Potential Probation Programs.

At the October JOC meeting, the JOC will be informed of programs that meet criteria of low enrolled.

The Administrative Director will recommend the program(s) be placed on probation. Such recommendations will be made if warranted during the October JOC meeting and will be approved. After the October JOC meeting, all programs on probation will undergo a Root Cause Analysis concluding in June of that school year.

Result

If at the end of the current school year (June), and upon completion of root cause analysis, e.g. Work Instruction #83, enrollment exceeds sixty percent (60%) of the total program capacity, some or all the interventions shall continue for one (1) additional year at the discretion of the Administrative Director. If at the end of the second year following low-enrolled status, the program enrollment continues to exceed sixty percent (60%) of the total program capacity, no further interventions shall be implemented, and the program will be removed from the program probation list.

If at the end of the current school year, enrollment remains less than sixty percent (60%) of the total program capacity, one (1) of the following actions will be recommended by the Administrative Director:

1. The program will remain on a probation list of an additional year due to revision to curriculum, equipment, technology, or facilities.
2. The program will be placed on "half-time status."
3. The program will be downsized (multiple teacher programs) or closed (single teacher program).

NOTE: In the event of emergent reasons, the Administrative Director reserves the right to waive this policy with the recommendation and support of the Joint Operating Committee.

CENTRAL MONTICO TECHNICAL HIGH SCHOOL

WORK INSTRUCTION FOR MIS-080

Root Cause Analysis/Action Plan for Under-Enrolled & Probationary Programs

A *Root Cause Analysis/Action Plan for Under-Enrolled & Probationary Programs* form (MIS-080) must be completed by the program instructor(s) and the individuals listed for specific item(s) for programs identified as under-enrolled or on probation.

The program evaluation will address:

1. Recruitment activities / efforts (Guidance Counselor)
2. Student / parent interest / ISO survey data (Industry Partnership Coordinator)
3. Occupational Advisory Committee recommendations (Secretary to Assistant Director and Administration)
4. Program facility for delivery of curriculum (Instructor Assistant Directors)
5. Curriculum Content (Coordinator of Programs & Services)
6. Labor Market Data (ISO Coordinator, Coordinator of Programs & Services)
7. Equipment and supplies to support the curriculum. (Business Manager, Instructors)
8. Instructional techniques to deliver the curriculum. (Coordinator of Programs & Services, Instructors)
9. Technology to deliver curriculum (IT Supervisor, Program Supervisor, Instructor)
10. Instructor, Program Cert./ Prof'l Dev. Plan (Coordinator of Programs & Services, Instructor)
11. Program Support Services (Principal and Assistant Director)
12. Student Outcomes/ Job Placement (Industry Partnership Coordinator & Co-op Coordinator)
13. Program funding assistance—federal, state, local (Administrative Director, Admin Asst. to Director & Coordinator of Programs & Services)
14. Duplication of program/course offerings at sending district. (ISO Coordinator, Guidance Counselor)
15. Student Exit Interviews (Guidance Counselors)

Once the program evaluation has been completed, an intervention plan will be developed and initiated based on the results of the Root Cause Analysis.

Root Cause Analysis/Action Plan for Under-Enrolled (UE) & Probationary Programs

Program: _____

Date Placed on Probation: _____

Program Capacity (per teacher): _____

Teacher(s): _____

Teacher Notification Date: _____

Percent Capacity: _____

Intervention Plan Team Members: (Name, Title)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

STEP 1: Recruitment VS Retention

Due Date: _____

| School Year | Enrolled | Percent Capacity | Withdrawn | Perc. Capacity (ADM 10/1-5/1) | Notes/ Observations |
|-------------|----------|------------------|-----------|-------------------------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |

STEP 2: Root Cause Analysis Data

Due Date: _____

| Data Element | Guiding Questions | Data |
|---|--|------|
| 1. Recruitment activities / efforts (Guidance Counselor) | What recruitment activities have been implemented for this program? What was communicated and what experiences were provided for 8 th grade tours? Open House? How is the program being marketed and communicated to parents, students, and sending school representatives? | |
| 2. Student / parent interest / ISO survey data (Industry Partnership Coordinator) | Are the marketing materials (course offering booklet, website, etc.) likely to appeal to students? To parents? Do the marketing materials accurately reflect the program? | |

| | | |
|--|--|--|
| <p>3. Occupational Advisory Committee recommendations (Secretary to Assistant Director and Administration)</p> | <p>What recommendations for improving the program have OAC members made over the last 3 years? Have these recommendations been implemented?</p> | |
| <p>4. Program faculty for delivery of curriculum (Instructor Assistant Directors)</p> | <p>What's a student's "first impression" of the program area? Is it warm and inviting? Does the program area reflect current industry standards or is the program dated? Explain.</p> | |
| <p>5. Curriculum Content (Coordinator of Programs & Services)</p> | <p>What is the curriculum content? Is the program a POS? What types of projects do students complete in the program area? Does the program have an updated academic crosswalk and list of performance objectives? Is there evidence the performance objectives are being used to assess student attainment of tasks?</p> | |
| <p>6. Labor Market Data (ISO Coordinator, Coordinator of Programs & Services)</p> | <p>Identify SOC codes related to this program. Are these High Priority Occupations for the state? For the County?</p> | |
| <p>7. Equipment and supplies to support the curriculum. (Business Manager, Instructors)</p> | <p>What major pieces of equipment have been purchased over the last five years? How does this list compare to recommendations made by the Occupational Advisory Committee? Is the equipment up to industry standards?</p> | |
| <p>8. Instructional techniques to</p> | <p>Evaluate the classroom/teacher in terms of Classroom Environment and Instructional Delivery.</p> | |

| | | |
|--|---|--|
| <p>9.</p> <p><i>Technology to deliver curriculum</i> (IT Supervisor, Program Supervisor, Instructor)</p> | <p><i>What kinds of technology are used in instruction? Does technology use address and appeal to the 21st century learner? Is technology used for teacher presentations? Student collaboration? Independent student research or learning?</i></p> | |
| <p>10.</p> <p><i>Instructor, Program Cert./ Prof'l Dev. Plan</i> (Coordinator of Programs & Services, Instructor)</p> | <p><i>Is the instructor Voc I or Voc II certified? What has been the instructor focus in their annual prof'l development plans for the past 2-3 years? Is the program eligible for industry recognized certification?</i></p> | |
| <p>11.</p> <p><i>Program Support Services</i> (Principal and Assistant Director)</p> | <p><i>What support is available for struggling students? How often is an instructional facilitator scheduled to be in the classroom? How many students does he/she work with? What assistance does he/she provide?</i></p> | |
| <p>12.</p> <p><i>Student Outcomes/ Job Placement</i> (Industry Partnership Coordinator & Co-op Coordinator)</p> | <p><i>How have students performed on their end-of-program assessment for the past three years? (NOCTI, NIMS) What certifications are advertised? Offered? Earned? Do our graduates obtain employment related to their training? Do they continue their education at a post-secondary institution? List percentages.</i></p> | |
| <p>13.</p> <p><i>Program funding assistance (federal, state, local)</i> (Administrative Director, Admin Asst. to Director & Coordinator of</p> | <p><i>Is program funding sufficient? Has spending in major categories (equipment, supplies, hand tools, books, technology, facilities) been consistent with spending in programs with successful enrollment?</i></p> | |
| <p>14.</p> <p><i>Duplication of program/course offerings at sending district, (ISO Coordinator and Counselor)</i></p> | <p><i>Do the sending districts offer similar educational opportunities that may duplicate or compete with enrollment in this program? Explain.</i></p> | |

| | | |
|---|--|--|
| 15. Student Exit Interviews (Guidance Counselors) | What do students say about the program? Why do students leave the program? | |
|---|--|--|

STEP 3: Root Cause Analysis Summary/Conclusion (to be developed by the team): **Due Date:**

STEP 4: Action Plan **Due Date:**
 Use information obtained from the root cause analysis to develop an action plan. Action plans must be developed by the end of the current school year and implemented by the start of the next consecutive school year.
 Teacher: **Program:**

| | | | | | |
|---|-------------|---------------------------|--|---|-----------------------|
| ACTION PLAN GOAL: Increase student recruitment/retention through... | | | | RATIONALE: Data to support the need | |
| ACTION SEQUENCE: | | | | | |
| Describe what needs to be done to implement this action plan. Describe support (resources & professional development) needed to implement the plan. | | | ACTION SEQUENCE CHECKLIST | | |
| Action Steps | Date | Person Responsible | Professional Development/ Resources | Date Completed | Notes/Comments |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

| | | | | | |
|--|-----------------------|-----------------------|---------------------------------------|-----------------------|-----------------------|
| 4. | | | | | |
| EVIDENCE OF IMPLEMENTATION | | | EVIDENCE OF EFFECTIVENESS | | |
| Evidence/Artifact | Date Completed | Notes/Comments | Description/ Evidence/Artifact | Date Completed | Notes/Comments |
| | | | | | |
| NEW LEARNINGS/NEXT STEPS (to be completed at the end of the school year): | | | | | |
| | | | | | |