



ONC BOCES CTE Value Added Course Proposal

Course Title: _____

CTE Instructor: _____

School Year: _____ **Semester:** _____

Rationale for the Course:

Course Description:

Course Goals (educational goals):

Course Content Objectives:

(Attach additional information if needed)

Instructional Methods and/or Strategies:

Instructional Resources Required:

Number of Expected Student Enrollment:

Approval Signatures

Principal Approval	_____	Date	_____
Asst. Superintendent for Student Programs Approval	_____	Date	_____

Board Meeting Date Approval: _____

PAYMENT APPROVAL SIGNATURES:

Principal Approval	_____	Date	_____
Asst. Superintendent for Student Programs Approval	_____	Date	_____