

**LEA PLAN REVIEW CHECKLIST**  
**Template**  
**2013/2014**

LEA \_\_\_\_\_ LEA CTE Administrator \_\_\_\_\_  
 Date Received \_\_\_\_\_ Date of Action Request \_\_\_\_\_  
 Date of Corrections \_\_\_\_\_ Date of Final Approval \_\_\_\_\_

**DATA**

Performance	County	State Average	Acceptable	Not Acceptable
Special Needs		15.76%		
CTE Special Needs				
Non-Traditional				
Drop-Out		1.7		

School	CTE Completers (#)

Performance Deficiencies

See Data Profile

School	Overall Deficiency Performance Area	% Met	Yes	No
	WESTEST - Reading			
	WESTEST - Math			
	ACT Work Keys™ - Reading			
	ACT Work Keys™ - Math			
	ACT Work Keys™ - Locating Information			
	Placement			
	Employed			
	Continuing Education			

## LEA PLAN REVIEW

Please clarify review areas indicated in the “No\*” columns for each of the LEA forms, correct on the online LEA Plan, and email [sherri.nash@access.k12.wv](mailto:sherri.nash@access.k12.wv) for verifying for final LEA Plan approval.

Form #	Form	Review Area	Yes	No*	Action Completed
A	Statement of Assurance	Superintendent Signature			
B	Levels of Performance	Superintendent Signature			
		Updated Signature after Negotiated Rates			

### Form 1 – Use of Funds

Projected Allocation \$ =

Final Allocation \$ =

Maximum 5% Administration Calculation =

Review Area	Yes	No*
1. Total of Form 1 equals projected allocation amount		
2. Each line entry has all information completed (School, Description, Concentration, Section 135 Code, \$ amount, type of expenditure)		
3. Expenditure descriptions align with selected Section 135 Code		
4. Administrative expenditures identified in P19 codes AND contained within the narratives of all other codes are less than the 5% maximum administration calculation.		
5. No funds are used for CTSO (CTE student organizations).		
6. No funds are used for adult expenditures.		
7. Funds to address performance deficiencies are identified (Note: OR strategies are identified in Form 1.2 – 1.10 that do not require funds).		

Review Area #	*Corrective Action Needed: Review Areas Indicated as “No”	Action Completed

### Form 1.1 – Programs of Study

Review Area	Yes	No*
1. Compare 2012-2013 Approved Curriculum List with concentrations identified on the 2013-2014 Form 1.1		
a. If a new concentration is listed, verify Forms 4,5, and 6 (if applicable) are completed – See section Forms 4,5, 6 below).		
b. If concentration is eliminated, verify Form 3 is completed – See Section Form 3 below).		
c. If concentration is modified, verify Form 3 is completed – See Section Form 3 below).		
2. Are virtual concentrations identified (not required, verification purposes to assure included on Approved Curriculum List if offered).		

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Ron Grimes – Executive Assistant to State CTE Assistant Superintendent

Sherri Nash, Ed.D. – CTE Coordinator

West Virginia Department of Education (WVDE) - CTE Accountability & Support

Review Area	Yes	No*
3. Are IWRK concentrations identified (not required, verification purposes to assure listed if applicable).		
4. Is Option Pathway identified (not required, verification purposes to assure listed if applicable)		
5. Verify all data is identified for each concentration:		
a. Concentration is an approved WVDE CTE concentration for 2013-2014.		
b. The four required courses with WVEIS codes are accurate.		
c. EDGE credits for continuing postsecondary pathway for the concentration are identified.		
d. Industry credential opportunity numbers are identified for the concentration (if applicable).		

Review Area #	*Corrective Action Needed: Review Areas Indicated as “No”	Action Completed

### Form 1.2 – Improving Academic and Technical Skills

Review Area	Yes	No*
1. Strategies with clear description narratives are identified.		
2. If academic and technical performance deficiencies are identified for individual school:		
a. Strategies to address deficiencies for WESTEST (academic improvement) and ACT Work Keys are identified.		
b. Strategies to address deficiencies for Global 21 (Educate WV) are identified.		

Review Area #	*Corrective Action Needed: Review Areas Indicated as “No”	Action Completed

### Form 1.3 – Professional Development

Review Area	Yes	No*
1. Strategies with clear description narratives are identified.		
2. If academic and technical performance deficiencies are identified for individual school:		
a. Strategies to address deficiencies for WESTEST (academic improvement) and ACT Work Keys are identified.		
b. Strategies to address deficiencies for Global 21 (Educate WV) are identified.		

Review Area #	*Corrective Action Needed: Review Areas Indicated as “No”	Action Completed

### Form 1.4 – Consultation

Review Area	Yes	No*
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Review Area	Yes	No*
1. Strategies with clear description narratives are identified.		

Review Area #	*Corrective Action Needed: Review Areas Indicated as “No”	Action Completed

### Form 1.5 – Program Evaluation

Review Area	Yes	No*
1. Strategies with clear description narratives are identified.		

Review Area #	*Corrective Action Needed: Review Areas Indicated as “No”	Action Completed

### Form 1.6 – Access, Nondiscrimination, and Support for Special Populations

Review Area	Yes	No*
1. CTE Special Needs % is equal to or less than County % (See Data Section).		
2. Strategies with clear description narratives are identified.		

Review Area #	*Corrective Action Needed: Review Areas Indicated as “No”	Action Completed

### Form 1.7 – Preparation for Non-Traditional Fields

Review Area	Yes	No*
1. Non-Traditional % is acceptable (See Data Section).		
2. Strategies with clear description narratives are identified.		

Review Area #	*Corrective Action Needed: Review Areas Indicated as “No”	Action Completed

### Form 1.8 – Career Guidance and Academic Counseling

Review Area	Yes	No*
1. Completion Numbers are acceptable (See Data Section).		
2. Strategies with clear description narratives are identified.		
3. Middle School strategies are identified.		

Review Area #	<b>*Corrective Action Needed: Review Areas Indicated as “No”</b>	Action Completed

**Form 1.9 – Improving CTE Staff Recruitment and Retention**

Review Area	Yes	No*
1. Strategies with clear description narratives are identified.		

Review Area #	<b>*Corrective Action Needed: Review Areas Indicated as “No”</b>	Action Completed

**Form 1.10 – Preparation for High Skill/High Wage/High Demand for Special Populations**

Review Area	Yes	No*
1. CTE Special Needs % is equal to or less than County % (See Data Section).		
2. Strategies with clear description narratives are identified.		

Review Area #	<b>*Corrective Action Needed: Review Areas Indicated as “No”</b>	Action Completed

**Form 2 – Advisory Councils**

Review Area	Yes	No*
1. County Advisory members are identified.		
2. School-wide advisory members are identified.		
3. Concentration advisory members are identified for all concentrations.		
a. Composition of advisory members contains business/industry representatives		

Review Area #	<b>*Corrective Action Needed: Review Areas Indicated as “No”</b>	Action Completed

**Form 3a – Concentrations to be Discontinued**

Review Area	Yes	No*
1. Concentration is not listed on Form 1.1 Program of study.		
2. Data includes WVEIS code, level, and reason for closure.		

Review Area #	<b>*Corrective Action Needed: Review Areas Indicated as “No”</b>	Action Completed

**Form 3b – Modifications to a Concentration**

Review Area	Yes	No*
1. Data includes WVEIS code, level, and explanation of modification.		
2. Approval has been submitted to CTE Instructional Staff for Review (facilitated by Reviewer)		
3. Approval has been acquired by CTE Instructional Staff (facilitated by Reviewer).		

Review Area #	<b>*Corrective Action Needed: Review Areas Indicated as “No”</b>	Action Completed

**Forms 4, 5, and 6 – Objectives for New CTE Curriculum, Curriculum Description, and Application for Approval of Equipment (if applicable)**

Review Area	Yes	No*
1. New concentration has been requested. (If no, verify if should be submitted).		
2. New Concentration data is completed: school, concentration, WVEIS code, level, secondary enrolled, upgraded students, post-graduate, adult prep, hours completed, contact hours, student teacher, % co-op, % simulated work, % employed field, and advisory committee meetings		
3. Labor market analysis has been completed and supports concentration.		
4. Curriculum is state-approved.		
5. If curriculum is local-approved, WVEIS code, level, units of instruction and hours are identified.		
6. Approval has been submitted to CTE Instructional Staff for Review (facilitated by Reviewer)		
7. Approval has been acquired by CTE Instructional Staff (facilitated by Reviewer).		
8. Form 6 is completed for equipment request (verify if applicable).		
9. Request forwarded to Ron Grimes for review.		

Review Area #	<b>*Corrective Action Needed: Review Areas Indicated as “No”</b>	Action Completed

**Forms 7 – Application for Approval Incentive or Other Special Project**

Review Area	Yes	No*
1. Form 7 is completed. If not, verify if should be submitted.		
2. Data is completed for school, curriculum, level, WVEIS Code, Status, Type Request, Instructor, Salary, Fixed Costs, Supplies and Materials, Travel, Equipment, Other, Indirect Cost, and Total. Indirect Administration Costs may not exceed 5%.		
3. Ron Grimes will review budget and determine approval.		

**Forms 8 – Application for Approval of Continuing Secondary Technical Education Concentrations (Secondary Teachers)**

Review Area	Yes	No*
4. Data is completed for CTE teachers for school name, WVEIS code, teacher name, email, days employed. % time, determine if Teacher offers the four required courses or Non-applicable if the concentration is non-occupational, and teacher WVEIS endorsement code.		
5. Ron Grimes will process budget and communicate approval.		

Review Area #	*Corrective Action Needed: Review Areas Indicated as “No”	Action Completed

**Forms 9 – Application for Approval of Continuing Adult Preparatory Concentrations (Adult Teachers)**

Review Area	Yes	No*
1. Data is completed for CTE teachers school name, WVEIS code, teacher name, position title, program name, number of days employed, percent of time, appropriate insurance choice, retirement rate, educational level of the individual, and salary.		
2. Ron Grimes will process budget and communicate approval.		

Review Area #	*Corrective Action Needed: Review Areas Indicated as “No”	Action Completed

**Forms 9a – Application for Approval of an Adult Preparatory Program**

Review Area	Yes	No*
a. Data is completed for school name, professional personnel salaries, service personnel regular, temporary part-time personnel, PEIA, other fringe, accreditation, faculty senate, direct and indirect costs not to exceed 5% of total.		
b. Ron Grimes will process budget and communicate approval.		

Review Area #	*Corrective Action Needed: Review Areas Indicated as “No”	Action Completed

**Forms 9b – Adult Preparatory Worksheet**

Review Area	Yes	No*

Review Area	Yes	No*
1. Data is completed for program, tuition, lab fee, application fee, books, background check, certification testing, parking, student organization fees, equipment, cost per student, number of students, total cost of students, revenue amounts, and program expenses.		
2. Ron Grimes will process budget and communicate approval.		

Review Area #	*Corrective Action Needed: Review Areas Indicated as “No”	Action Completed

**Forms 10a – Application for Approval of Continuing Secondary Technical Education Concentrations (Secondary Teachers)**

Review Area	Yes	No*
1. Data is completed to assure administrative services information is complete with school, name, job title, email, days employed, and % of time.		
2. Ron Grimes will process and communicate approval.		

Review Area #	*Corrective Action Needed: Review Areas Indicated as “No”	Action Completed

**Forms 10b – Application for Approval of Continuing Secondary Technical Education Concentrations (Secondary Teachers)**

Review Area	Yes	No*
1. Data is completed to assure administrative services information is complete with school, name, job title, days employed, and % of time.		
2. Ron Grimes will process and communicate approval.		

Review Area #	*Corrective Action Needed: Review Areas Indicated as “No”	Action Completed

**Forms 11 – Adult Part-Time Class Hours**

Review Area	Yes	No*
1. Data is completed to identify instruction areas and clock hours.		
2. Ron Grimes will process and communicate approval.		

<b>Review Area #</b>	<b>*Corrective Action Needed: Review Areas Indicated as “No”</b>	<b>Action Completed</b>