Form 20T

**Illinois Community College Board**

### Application for *Temporary* Approval Career & Technical Education Curriculum

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| **COLLEGE NAME:** |  | **5-DIGIT COLLEGE NUMBER:** |  |
| **CONTACT PERSON:** |  | **PHONE:** |  |
| **EMAIL:** |  | **FAX:** |  |

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| **CURRICULUM INFORMATION** |

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| **AAS TITLE:**  |  | CREDIT HOURS: |  | CIP CODE: |  |
| **AAS TITLE:** |  | CREDIT HOURS: |  | CIP CODE: |  |
| **CERTIFICATE TITLE:** |  | CREDIT HOURS: |  | CIP CODE: |  |
| **CERTIFICATE TITLE:** |  | CREDIT HOURS: |  | CIP CODE: |  |

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| **PROPOSED CLASSIFICATION:**  | District |  | Regional |  | Statewide |  |
| **PROPOSED IMPLEMENTATION DATE:**  |  |
| Temporary Approval Requested For: | **1 YEAR:** |  | **2 YEARS:** |  | **3 YEARS:** |  |

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| **VERIFICATION** |
| This curriculum was approved by the college Board of Trustees on:  | **Date:** |  |

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| **Temporary approval is hereby requested**:  |  |
|  | *Required*- Chief Administrative Officer Signature  | *Date* |

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| **ICCB USE ONLY:** |
| ICCB TEMP APPROVAL DATE: | AAS: | <29 ch Cert: | 30+ ch Cert: |
| Permanent APPROVAL must be requested by:  |  |

***Please note: ICCB Use only Box must remain on front page of Application Form.***

**APPLICATION FOR TEMPORARY APPROVAL**

**CAREER & TECHNICAL EDUCATION CURRICULUM**

**INSTRUCTIONS**

Community Colleges are required to submit requests to offer new degrees and certificate programs to the ICCB for review and approval. The *temporary curriculum approval application* includes submission of following:

***Narrative on Rationale, Curriculum Quality and Program Expectations.*** This application is designed to:

1. demonstrate the college has an immediate need for an educational program in this field,
2. demonstrate the college has developed quality curricula that aligns with federal, state and local requirements, is responsive to local workforce needs, and will prepare graduates with the appropriate level of skill to meet their educational goals, and
3. verify the college has developed realistic outcomes for the program.

**Application.** Complete the Form 20T as indicated. Include the Form 22 "Curriculum Addition/Withdrawal/Change to the Curriculum Master File". **NOTE:** The signature boxes must remain on the cover page of the application.

NOTES for Approval of Related AAS Degree and Certificate Curricula. When applying for approval of closely related AAS degree and Certificate programs, the college should submit a **single** application that reflects all programs. (For example, a Hospitality Management AAS and a related Hospitality Certificate would use a single application.) In the application, ensure that information is tailored as needed to each curriculum, as the rationale and supporting information may vary for each program.

**Application Timeline.** Requests are reviewed on an ongoing basis. Clarification and/or additional information may be requested by ICCB staff if the application is unclear or incomplete. All requests must be reviewed, recommended and approved by ICCB. The Board considers new program requests at each meeting.

**The curriculum approval application should be completed in its entirety, with one electronic copy (MS Word format or PDF) emailed to ICCB staff.**

**Please send applications via email to:**

Tricia Broughton, Director for Curriculum & Instruction

tricia.broughton@illinois.gov

**For More Information:** Questions regarding the completion of the application can be directed to ICCB Academic Affairs staff. Pertinent information is also contained in the [Administrative Rules](https://www.iccb.org/iccb/wp-content/pdfs/manuals/ICCB_SystemRules_Manual.pdf). Contact Tricia Broughton at tricia.broughton@illinois.gov with questions.

**Approval Notification.** Once approval by all appropriate Boards has been granted, ICCB Academic Affairs staff will notify the appropriate college staff by email. Approval documentation will include a copy of the dated Form 20T cover page, a copy of the processed Form 22, and an approval letter from our Executive Director to the College President indicating the approval date. Questions regarding the status of this documentation should be directed to Tricia Broughton at tricia.broughton@illinois.gov .

**APPLICATION FOR TEMPORARY APPROVAL**

 **CAREER & TECHNICAL EDUCATION CURRICULUM**

**1. Rationale.** Demonstrate the college has an immediate need for an educational program in this field.

**a. Program purpose:** Briefly describe the employment goal for completers of the program. (i.e. “….to provide entry-level employment training or support the pursuance of advancement opportunities”.) If more than one program is included in the application, delineate the purpose for each program.

**b. Target population.** Describe the target audience for the proposed program. Indicate whether this program is intended for individuals seeking entry-level employment, for advancement or cross-training opportunities for existing employees, or for those looking to increase their skill set through specialized education and training.

**c. Related occupations.** Describe the types of jobs for which the program(s) will train graduates (i.e. specific occupational titles and/or multiple jobs within a Career Cluster(s)). See the [Career Clusters](http://www2.iccb.org/cte/programs-of-study/illinois-career-cluster-framework/) or the [Illinois Programs of Study](http://www2.iccb.org/cte/pos-models/)  links for more information on Career Clusters and Programs of Study in Illinois.

**d. Reason(s) the college is requesting temporary approval** for this program and the objectives of the program during the period of temporary approval. (i.e. to meet the urgent training need of a specific employer(s), or to monitor the need for this level of skill training over several years)

**2. Curriculum Quality.** Demonstrate the college has developed quality curricula that aligns with federal, state and local requirements, is responsive to local workforce needs, and will prepare graduates with the appropriate level of skill to meet their educational goals.

**a. Curriculum:** Provide a catalog description and curriculum layout for the program. If submitting a degree and certificate together, include a description and curriculum for each.

**1) Catalog description.** Provide a description of the program(s) as it will appear in the college’s catalog.

**2) Curriculum.** Complete a Curriculum Chart for ***each*** program.

**b. Educational alignment:** Describe how the proposed program(s) illustrate a Program of Study. See ICCB’s [Illinois Programs of Study](http://www2.iccb.org/cte/pos-models/) website for more information.

1. **Academic/Curricular Alignment.** Describe the alignment of content between secondary and postsecondary coursework and curricula. Include opportunities for dual credit or articulated credit in both academic and career/technical areas between high school and community college. How will the college ensure a smooth transition for students entering the program, whether from high school, adult education, or other workforce training pipelines?
2. **Relationship to existing curricula at the college:** Indicate how this program(s) may provide educational laddering opportunities between short- and long-term certificates and degree curricula.
3. **Articulation.** Specify how the program is structured or articulated to provide educational opportunities for students beyond community college (i.e. baccalaureate capstone programs) for students. If applicable, include information on the specific programs and baccalaureate institutions with which the college has been working towards articulation.
4. **Rationale**. If a program is over 60 credit hours (for AAS degrees) or over 30 credit hours (for CTE Certificates), provide a rationale as to why the program exceeds those credit hours.
5. **Academic & Technical Skill Requirements.** Describe how the college ensures that the proposed curriculum will provide needed education and skills for the occupation and will meet program objectives by addressing the following:

 **(a)** **Academic Entry Skills:** Describe the reading, writing, math and/or science knowledge/skill requirements for students to enter and be successful in the proposed program. How will the college ensure appropriate developmental remediation for students (e.g. through Academic Support Services or CTE/DevEd Bridge instruction.)

 **(b)** **Technical Skills:** Describe what industry skill standards have been set for related occupations and what professional credentialing (licensure, certification, registration, etc...) is required or optional to students, when and through what agency/entity? Is it optional or required (i.e., is licensure or certification required or optional for job entry? What steps has the college completed to ensure that students will learn the skills required to obtain the necessary licensure or certification?)

**(c) Employability Skills:** Describe how employability skills (the transferable skills needed by an individual to make them employable) are incorporated into the content of the program. Include any specific employability skills identified by employers and/or program developers.

**6) Course Syllabi.** Describe how the program includes academic and CTE content in a coordinated and non-duplicative progression of knowledge and skills. Append in Part B the course syllabi/documentation for new courses or any existing courses that are being modified significantly for the proposed curriculum. Course addition and/or modification requests should be submitted via ICCIS once the proposed program receives approval.

**c. Work-Based Learning.** Describe how work-based learning will be incorporated into the curriculum. Append a list of work-based learning sites to be used for internship, career exploration, job shadowing, clinical practicum, or apprenticeship coursework.

**d. Planning and Collaboration.** Describe how the proposed curriculum fits into the colleges overall plans and goals to meet career and technical education/workforce preparation needs within the district/region.

* 1. **Educational & Workforce Partnerships.** Address how the program meets priority needs, and describe steps taken to plan and deliver the curriculum in collaboration with others, such as the Program Advisory Committee, Secondary institutions, Baccalaureate Institutions, Local Workforce Boards, Labor Councils and other appropriate partners.
	2. **Employer Partners.** Complete the Employer Partner Chart by listing all employer partners and their locations (Part B). Employer partners include those that are actively engaged in the development, implementation, and evaluation of the CTE program. Additionally, employer partners may be engaged in the work-based learning component of the program and where successful students may obtain available employment.
	3. **Employer Input.** Describe how employers were engaged. Append employer advisory committee meeting minutes and other pertinent documents to reflect the private sector input obtained in the development of the proposed curriculum.

**e.** **Addressing Issues of Equity.** Describe institutional-level plans to close equity gaps as it pertains to students and the proposed program(s).

**1. Institutional Plan.** Describe the institution’s plan, as it relates to the proposed program(s), for attracting, recruiting, retaining, and completing a diverse group of students including working adults, students of color, low-income students or students from other underrepresented/underserved backgrounds.

**2. Support Services.** Describe the institutions and/or program-specific student support services to ensure equitable access and success for all students enrolled in the proposed program(s).

**3. Evidence-based Practices.** What evidence-based best practices has the college identified and will deploy to ensure equitable completion of programs and/or credentials.

 **4. Data Collection.** Has your college established a target for (disaggregated) enrollment? How are you monitoring progress and collecting information to assess completion of credentials and programs to ensure equitable outcomes?

 **f.** **Accreditation for Programs.** Describe what external approval or accreditation is required and/or optional for this program, when and through what agency/entity it is available. (i.e., is program approval/accreditation by a regulatory agency or industry-related entity required prior to enrolling students or graduates earning their licensure/certification? What steps has the college completed to obtain that approval/accreditation?)

**g.** **Faculty Requirements**. Describe the minimum/required qualifications for faculty, including educational/professional/work experience/teaching qualifications; the number of new and existing full- and part-time faculty required to support the proposed program; and how the institution plans to address issues of equity among faculty as it relates to the proposed program(s).

 **1)** **Faculty Qualifications.** Complete the **Faculty Qualifications Chart** (Part B).

 **2) Faculty Needs.** Complete the **Faculty Needs Chart** (Part B)

**3) Professional Development of Faculty.** Describe how the institution will provide professional development opportunities for faculty (e.g. to remain updated with relevant industry knowledge, to better understand working with students of color/cultural sensitivity, etc.)?

**4) Addressing Issues of Equity.** Describe the institutions plan, as it relates to the proposed program, to attract and retain a diverse faculty, staff, and administration (e.g. exposure may include through clinical experiences, to community leaders in relevant programs, etc.)?

**h. Assessment of Student Learning:** Describe how the college plans to ensure students will meet the objectives for this program through evaluation of knowledge and skills at both the course and program-level.

**1) Student Learning Objectives**. Describe or list the broad program-level learning objectives/outcomes that each student is expected to have mastered upon completion of the program related to:

* the general education component of the curriculum, and
* the career and technical education component of the curriculum.

**2) Assessment of Student Learning Objectives.** Describe the overall course-level assessment method(s) to be used, and the end-of-program assessment method(s) the college will use to ensure that students demonstrate these learning objectives just prior to program completion. (i.e., assessment though portfolio review, cumulative course completion, team project, comprehensive written/performance test, or industry/state pre-certification/licensure examination).

**i. Program Improvement.** Describe how the college will use this information to practice continuous quality improvement of the curriculum. Include information on educational, business and community partners that participate in the improvement process.

**j. Unique or noteworthy features of the program**. Describe how the proposed program(s) stands apart from other programs similar in nature.

**3. Program Expectations.** Verify the college has developed realistic outcomes for the program.

**a. Benchmarks:** List benchmarks, including enrollment, completions, job placement/promotions, and any other measures the college deems appropriate, that can be used in evaluating whether the program is achieving the stated objectives at the end of the period of temporary approval. The college will be asked to provide actual figures towards which benchmark data will be compared before permanent approval will be considered. This comparison will be used along with other information to determine if the program should receive permanent approval. ***Use the sample Program Data Chart as needed, append rows/columns as appropriate to include your institution’s measures.***

**b. Alternatives for Students**: State the alternatives that the college will provide for students who enroll in the proposed program to ensure that they will be able to attain their educational goals in the event that permanent approval is not received.

**4. Information for the ICCB Master File.** Provide a completed, signed, and dated Form 22 for EACH program listed in the application. Once each program has been approved by all necessary Boards, the curriculum will be added to the College’s Master File and a copy of the processed Form will be emailed to the College contact.

**NOTE:** The Curriculum Prefix and Number information is college-specific and identified by the College. The Curriculum Prefix and Number combination for each program must not already be in use by an Active, Inactive or Withdrawn curriculum on the Master File.

**CURRICULUM STRUCTURE**

NOTE: Provide a separate Curriculum Chart for EACH program if submitting multiple programs in one application.

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| **2.a.2) Curriculum Chart.** List general education, career and technical education, work-based learning, and elective courses within the proposed program. Asterisk ”\*” courses with pre-requisites; *Italicize* transferrable courses.**BOLD** new courses.  |
| **Program Title:** |  |
|  | **Course****Prefix/#** | **Course Title** | **Credit Hours** | **Lecture Hours** | **Lab** **Hours** |
| General Education Courses(*required* coursework).Specify courses.**Total** |  |   |  |  |  |
| Career andTechnical Education Courses(*required* coursework)**Total** |  |  |  |  |  |
| Work-Based Learning Courses(internship, practicum, apprenticeship,etc.)**Total** |  |  |  |  |  |
| CTE Electives **Total** |  |  |  |  |  |
| **TOTAL CREDIT****HOURS REQUIRED FOR COMPLETION** |  |  |  |  |  |

**EMPLOYER PARTNERS**

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| **2)d.2) Employer Partnerships.** List all employer partners and locations (city/state). Employer partners include those that are actively engaged in the development, implementation, and evaluation of the CTE program. Add rows as necessary. |
| **Employer** | **Location (City/State)** |
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**FACULTY REQUIREMENTS**

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| **2.f.1) Faculty Qualifications.** Include general minimum qualifications and those credentials that are specific to instructors in the proposed field of study (i.e. Cosmetology Instructor Certification to teach Cosmetology). |
| **Degree** | **Field** | **Credential** | **Years of Related****Occupational Experience** | **Years of Teaching Experience** |
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| **2.f. 2) Faculty Needs.** Cite the number of faculty, including new and existing faculty that the program will need for each of the first three years noting if they will serve as full-time faculty or part-time. |
|  | **First Year** | **Second Year** | **Third Year** |
|  | **Full-Time**  | **Part-time** | **Full-Time**  | **Part-time** | **Full-Time**  | **Part-time** |
| # of New Faculty  |  |  |  |  |  |  |
| # of Existing Faculty |  |  |  |  |  |  |

**PROGRAM DATA CHART**

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| **3.a. Benchmarks.** Provide project benchmarks for the program: including enrollment, completions, job placement etc… over the temporary approval period requested. |
|  | **First Year** | **Second Year** | **Third Year** |
| Full-Time Enrollments: |  |  |  |
| Part-Time Enrollments: |  |  |  |
| Completions (#/%): |  |  |  |
| Job Placements (#/%): |  |  |  |

NOTE: Provide a separate Program Data Chart for EACH program if submitting multiple programs in one application.