**All CTE CLNA Summary Report Template**

1. College:
2. Date Submitted:
3. Team/Stakeholders involved – refer to Perkins Act §134(e) for requirements.

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| Representative | Name(s) | Organization/Position |
| Secondary District CTE Director |  |  |
| High School CTE Teachers |  |  |
| High School Career Development Coordinator |  |  |
| High School -- Other |  |  |
| College CTE Educators |  |  |
| College CTE Administrators |  |  |
| College Disability Services |  |  |
| College -- Other |  |  |
| Workforce Development Board(s) Director (or designee) |  |  |
| Area Employers |  |  |
| Economic Development/ Industry Associations |  |  |
| CTE Students |  |  |
| Vocational Rehabilitation |  |  |
| Department of Social Services Director (or designee) |  |  |
| Indian Tribe/tribal organization (if applicable) |  |  |
| Other stakeholders |  |  |

1. Briefly explain gaps in each part of the CLNA as applicable to this CLNA focus area. These gaps will directly link to activities funded on the activities/budget form.

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| **A. Student performance** |
| Using Power BI, list gaps for each performance indicator for all CTE students, for special populations, for program areas, and/or for curriculum parents.  **1P1 – Student Performance**      **2P1 – Earned credentials (curriculum certificates, diplomas, and degrees)**      **3P1 – Nontraditional Enrollment**      **Gaps identified using other sources** |
| **B1. Size, scope, and quality of program** |
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| **B2. Alignment to local/regional labor market needs *(if applicable)*** |
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| **C. Progress toward implementing 9-14 pathways and programs of study *(if applicable)*** |
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| **D. Faculty and Staff recruitment, retention, and training** |
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| **E. Progress toward improving access and equity for all students** |
| Using the OGA Dashboards and heatmap provided during the Feb. 2025 Mid-Year meeting, list any gaps identified in enrollment by all CTE students, by cluster, and by curriculum parent.      **Gaps identified using other sources** |

**Acknowledgment and Agreement**

By signing below, I acknowledge that I have read and understood the contents of the Comprehensive Local Needs Assessment.

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| **Perkins Primary Contact**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Chief Academic Officer**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

CLNA is approved if signed by both the NCCCS Executive Director and Assistant Director of Perkins/CTE.

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| **Executive Director of Perkins/CTE**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Assistant Director of Perkins/CTE**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |