



Georgia Career and Technical Instruction
 Mary Davis Donahue
 3 Central Plaza, Ste 245
 Rome, Georgia 30161
 Office 678-617-0439 Fax 706.314.9624
 georgiacti@gmail.com

DUE DATE: October 1, 2016

Official Affiliation Application

| | | | |
|---|---------------|----------------------|-----------------------------------|
| Official School Name: _____ | | | |
| Date Chartered: 10/01/16 | Region: _____ | School System: _____ | |
| CTI Coordinator Name: _____ | | | |
| Are You Receiving a Support Grant/Extended Day from: (Please check one of the following)? | | | |
| State Department _____ Special Education _____ Other _____ None _____ | | | |
| Are you receiving: | 10 Hours | 20 Hours | Extended Year: Yes _____ No _____ |
| Complete School Address: _____ _____ | | | |
| School Phone (Please include Area Code and Extension if applicable): _____ | | | |
| Coordinators Home Number: _____ | | | |
| Coordinators Cell Number: _____ | | | |
| Coordinator's Email Address: _____ | | | |

First: Please indicate the total number of students with disabilities who are enrolled in a CTAE course. (This will just be a total overall number of students enrolled in CTAE courses at your school and DOES NOT need to be broken down by grade or gender.)

Total Number: _____

Second: Please indicate the number of students served by CTI. (This will be broken down by grade and gender and should only reflect students whose IEP reflects CTI)

| Gender | 9 th grade students | 10 th grade students | 11 th grade students | 12 th grade students | TOTAL |
|--------|--------------------------------|---------------------------------|---------------------------------|---------------------------------|-------|
| Male | | | | | |
| Female | | | | | |

List the total number of students with disabilities enrolled in CTAE Pathways

| CTAE Pathways (Alpha Order) | CTI Student Participation |
|--|----------------------------------|
| Administrative/Information Support | |
| Agribusiness Management | |
| Agricultural Mechanics | |
| Agriscience | |
| Aircraft Support | |
| Animal Science | |
| Architectural Drawing & Design | |
| Biotechnology Research & Development | |
| Broadcast/Video Production | |
| Climate Control Systems Technology (HVACR) | |
| Collision Repair | |
| Computer Networking | |
| Computer Systems and Support | |
| Computing | |
| Construction | |
| Consumer Services | |
| CTAE Related Advanced Courses | |
| Culinary Arts | |
| Diagnostic Services | |
| Early Childhood Education | |
| Electronics | |
| Energy Systems | |
| Engineering | |
| Engineering Graphics & Design | |
| Fashion Marketing | |
| Financial Management – Accounting | |
| Financial Management – Services | |
| Flight Operations | |
| Forestry/Natural Resources | |
| | |
| | |
| | |

| CTAE Pathways (Alpha Order) | CTI Student Participation |
|---|----------------------------------|
| Graphic Design | |
| Health Informatics | |
| Homeland Security & Emergency Services | |
| Interactive Media | |
| Interior Design | |
| JROTC – Air Force, Army, Marine Corps, Navy | |
| Law & Justice | |
| Manufacturing | |
| Marine Engine Technology | |
| Marketing & Management | |
| Marketing Communications & Promotion | |
| Metals Technology | |
| Nutrition & Food Science | |
| Personal Care Services – Cosmetology | |
| Physical Medicine | |
| Plant Science/Horticulture | |
| Small Business Development | |
| Sports & Entertainment Marketing | |
| Teaching as a Profession | |
| Therapeutic Services – Emergency Services | |
| Therapeutic Services – Medical Services | |
| Therapeutic Services – Nursing | |
| Transport Logistical Operations (Ground/Marine) | |
| Transport Logistical Support (Ground/Marine) | |
| Travel Marketing & Lodging Management | |
| Veterinary Science | |
| | |
| | |
| | |

***Total for Pathway Numbers:** _____

****This number may differ from your total caseload or FTE numbers as students may be enrolled in several pathways.***

| | |
|--|----------|
| Intervention Program Students - CTI Model used (circle one) | |
| Lab or Classroom | |
| CTI Parents Involved with your program | |
| Total Number: _____ | |
| Advisory Council Members | |
| Total Number: _____ | |
| Other classes taught: | |
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Other responsibilities:

 (Examples: Co-Sponsor, Coach, Department Chair, Transition Specialist, etc.)

What will be your main funding source for student participation in CTI: _____

Please list the following personnel at your local school and system:

Principal: _____

CTAE Director: _____

CTAE School Supervisor: _____

Special Education Director: _____

Have you planned a meeting with the above individuals to discuss your responsibilities, student activities, budget, fundraising, etc.? Circle One: YES or NO

Please check the following CTSOs available at your school for student membership:

FCCLA HOSA DECA FBLA
 FFA TSA SkillsUSA

I certify that the information provided is of students with disabilities that I am serving in the CTI program for my school :

Coordinators Signature: _____ **Date:** _____

Instructions: Mail a copy of the application along with a check for your fees of \$45 to 3 Central Plaza, Ste 245; Rome, Georgia 30161. Make checks payable to Georgia CTI:
All applications and fees must be postmarked by October 1, 2016 . Retain a copy for your records.

FOR OFFICE USE ONLY: Check # _____ Amount: _____
 Date: _____ Received From: _____