



Georgia Career and Technical Instruction
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DUE DATE: September 15, 2018

Official Affiliation Application

Official School Name: _____			
Date Chartered: 9/15/18	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 at your high school. (This is a total overall number at your school and **DOES NOT** reflect students that have CTI listed in their IEP.)

Total Number Only Needed: _____

Second: Please indicate the number of students with CTI services listed in their IEP. (This will be broken down by grade and gender and should only reflect students whose IEP reflects CTI Services)

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 CTI services 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	
Lab: _____	
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.)

Please indicate anticipated numbers of students attending for the following:

CTI/FCCLA Fall Rally: _____ FLC: _____ SLC: _____

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: _____
Local School VR Field Counselor: _____

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 First Robotics

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 \$50 to 3 Central Plaza, Ste 245; Rome, Georgia 30161. Make checks payable to Georgia CTI:
All applications and fees must be postmarked by September 15, 2018. Retain a copy for your records.