



Illinois State Board of Education

100 North First Street, C-215
Springfield, Illinois 62777-0001

INITIAL APPLICATION FOR PARTICIPATION IN THE COLLEGE AND CAREER PATHWAY ENDORSEMENT

CTE AND INNOVATION DEPARTMENT

Under the Postsecondary and Workforce Readiness Act (P.A. 99-674), public school districts may choose to offer the College and Career Pathway Endorsements to certify the attainment of a pathways endorsement that supports students transitioning to college and a career, by a graduating public high school student in an endorsement area.

To offer the endorsements, the district must submit an application to ISBE and agree to all of the following requirements:

- Designate at least one individual to serve as coordinator (i.e. CTE Coordinator, School Counselor, etc.) of the College and Career Pathways Endorsement at the district level
- Inform parents and students about the endorsements by posting required information on the district's website, if the district maintains a website, and through other locally-determined means
- Utilize the state approved online platform to document the required course-work and professional learning experiences necessary to fulfill the pathway endorsement
- Maintain appropriate records in order to identify students who have earned the College and Career Pathway Endorsement
- Make the appropriate designations on the transcript and diploma (optional) (work with ISBE for the seal), of each student who earns the endorsement
- Enter information into Student Information System (SIS) annually no later than July 31st of the issuing year

The district plans to participate in the College and Career Pathways and agrees to adhere to the requirements included in the Postsecondary and Workforce Readiness Act and specified above

| | |
|----------------------------------|--|
| DISTRICT NAME AND NUMBER | DISTRICT ADDRESS (Street, City, State, ZIP Code) |
| NAME OF DISTRICT SUPERINTENDENT | SUPERINTENDENT'S EMAIL |
| NAME OF DISTRICT COORDINATOR | WORK ADDRESS (Street, City, State, ZIP Code) |
| TELEPHONE (Include Area Code) | COORDINATOR'S EMAIL |
| NAME OF ADDITIONAL PLATFORM USER | ADDITIONAL USER EMAIL |
| NAME OF ADDITIONAL PLATFORM USER | ADDITIONAL USER EMAIL |
| NAME OF ADDITIONAL PLATFORM USER | ADDITIONAL USER EMAIL |

Signature of Superintendent

Date

Return this form and the report of projections to: blueken@isbe.net