

YEAR END REPORT

Evaluation to be completed by high school CTE coordinator and CTSO advisor.

School _____

CTSO Organization _____

Advisor Name: _____

Assistant Name: _____

No. of Registered State and National Members _____

A copy of the FINAL national membership report has been attached to this document.

I understand that advisor compensation is intended for time spent with CTSO students beyond contractual school time. I verify that I have sponsored a legitimate CTSO and qualify for advisor compensation as specified in the requirements above.

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CTSO STUDENT ADVISORY RESPONSIBILITIES

1. Final verification of state affiliation with roster (if no verification, deduct **100%**)
2. Advisors are **content-endorsed instructors teaching approved CTE courses.**
3. Have a **minimum of 10 students** registered and participating in chapter activities
(if no, deduct **10% for each student under 10**)
4. Supervise chapter meetings and assist officers in the organization of chapter activities (if no, deduct **15%**)
5. Chapter history/blog (if no deduct **15%**)
6. **Supervise chapter students** at fall leadership conference (if no, deduct **20%**)
7. **Supervise chapter students** at state conferences. (if no, deduct **20%**)
8. Provide students with co-curricular training and professional development experiences. (if no, deduct **15%**)

Supervised State Officer/s Student State Officer _____

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ASSISTANT CTSO ADVISOR

1. **CTSO must exceed 50 members to qualify for an assistant. Co-Advisors share 50%- 50% of Advisor pay.**
2. Participated in district, regional, and state conferences as required.
3. Attended chapter meetings as required.
4. Completed all support assignments necessary for the success of the chapter.
5. Assistant advisors are **content-endorsed instructors teaching approved CTE courses.**

School CTE Coordinator _____ Date _____

Content Supervisor _____ Date _____