

CTSO ADVISOR AGREEMENT

Due to High School CTE Coordinator September 4, 2023

School: _____ CTSO: _____

Lead Advisor: _____ Co-Advisor: _____

Co-Advisor: _____ Co-Advisor: _____

Due September 4, 2023

- Signed CTSO Advisor Agreement by all advisors and the school CTE Coordinator. Submitted to District CTSO Specialist over your CTSO.
- Submit the list of your CTSO officers for the school year with the CTSO Advisor Agreement.

Due April 19, 2024

- A completed and signed CTSO Advisor Compensation Contract.
- A completed Chapter History included in the CTSO Advisor Compensation Contract form.
- A national paid roster of all CTSO members in your chapter.

CTSO Advisory Yearly Duties and Responsibilities

Registration

- Complete State and National chapter registrations for all members by March 1st. Receipt of payment and list due by March 15th. *
- Register and supervise students at fall leadership, region, state and national (if applicable) conferences.

Organization

- Register chapter at school as required by the Utah State Legislature.
- Select and submit chapter officers by September 4th deadline.
- Conduct chapter officer planning meetings.*
- Communicate with school administration regarding chapter activities and conferences.
- Coordinate transportation and permission forms for chapter activities and conferences.
- Recognize chapter and student achievement through promotional media.

Leadership

- Supervise chapter meetings and activities.*
- Organize the election and training of the CTSO officers. *President attends district leadership Sept. 6th*
- Supervise students at fall leadership conference.*
- Supervise students at region competition. *
- Supervise students at state competition. *
- Supervise students at national conferences when applicable.

Professional Responsibilities

- Involve subject area teachers in the student organization.
- Complete the CTSO Advisor Agreement and CTSO Advisor Compensation Contract form.
- Meet all deadline requirements.

Do you have a state CTSO officer this year? * Yes / No Student Name(s): _____

I understand the requirements as the school CTSO advisor and agree to the conditions stated in the CTSO Advisor Agreement and the CTSO Advisor Compensation Contract in order to be eligible for full compensation.

Advisor: _____ Co-Advisor: _____

Co-Advisor: _____ CTE
Coordinator: _____

*Required for advisor compensation