



OFFICE OF CURRICULUM, INSTRUCTION AND PROFESSIONAL DEVELOPMENT

Pathways and Business Engagement Office

1299 East 32nd Street, Room 9, Signal Hill, CA 90755

TEACHER NAME:	SCHOOL SITE:
CTE industry Sector:	
CTE Pathway:	
CTE COURSES TAUGHT - 2024-25 SCHOOL YEAR	
Please identify the CTE courses you will be teaching - as well as your scheduled conference period(s) - for each period of your instructional day (if you are not sure, please approximate):	
ZERO PERIOD (if applicable)	
PERIOD 1:	
PERIOD 2:	
PERIOD 3:	
PERIOD 4:	
PERIOD 5:	
PERIOD 6:	
PERIOD 7:	
PERIOD 8:	

To be completed by TEACHER

When completed, return **ELECTRONICALLY** to **PERKINS CHAIR**

If you have not completed a .pdf form before, please make sure to:

1. Open the .pdf file and add your comments.
2. Save the file (just as you would a Word document - this will save your comments on the form).
3. Email the .pdf file as an attachment.