

**TECHNICAL SKILL ATTAINMENT (2S1, 1P1, 1A1)  
EVALUATION INSTRUMENT REQUEST FORM**

CARL D. PERKINS CAREER AND TECHNICAL EDUCATION ACT OF 2006 (PERKINS IV)  
FLORIDA DEPARTMENT OF EDUCATION  
DIVISION OF CAREER AND ADULT EDUCATION

PURPOSE: This updated form is to be used to request the program linkages to the existing *Perkins IV* secondary and postsecondary (clock hour and college credit) Technical Skill Attainment Inventories published annually by the Division of Career and Adult Education. The form shall be submitted by school districts, technical centers, and Florida colleges to request that a link be created connecting an industry certification, a state or federal licensure, a proprietary certification, or a third-party-developed assessment instrument to the Career and Technical Education program being taught by the submitting agency.

**A separate form is required for each request.**

For technical questions about submitting your request on the Excel form, please contact Tara McLarnon at tara.mclarnon@fldoe.org or (850) 245-9005.  
All requests must be submitted by December 30, 2010

Requestor Information	
(All requests must be submitted by the District CTE Director, Technical Center Director, or Occupational Dean to be considered.)	
Name	
Title	
Agency	Select an agency name
Technical Center (If Applicable)	
Phone Number	
E-mail Address	
Evaluation Instrument Request for Certifications <i>with</i> a DOE Code (Please use the drop-down menu below to determine if the certification/license/assessment already exists in the Department's Industry Certification database.)	
Certification Title	If requested certification has a DOE code please select from the list, if not please complete the next section. ▼
Certifying Agency	
Agency Website	
Evaluation Instrument Request for Certifications <i>without</i> a DOE Code (Please enter certification/licensure/assessment information if not found in the drop-down menu above.)	
Certification Title	
Certifying Agency	
Agency Website	

**Career and Technical Education Program Linkage Requested**

*Program numbers listed begin with secondary level, then adult level (Clock Hour), and end with college credit CIP numbers.  
(Note: For college credit programs use the AAS equivalent program for all AS programs. All approved linkages will be made to both the AS and AAS CIP numbers)*

Program Type/Level  
Program Requested  
CIP Number  
CIP Title

Select a Program Type/Level

Please select a program number from the pull-down menu.

Selection Criteria- For more information on the approval criteria used by the Division of Career and Adult Education see <http://www.fldoe.org/workforce/perkins/pdf/TechnicalProcedures.pdf>

To be considered for addition to the Perkins IV Technical Skill Attainment Inventory, the certification or licensure requested must meet the following minimum criteria (Please select yes/no):

Yes      No

      The requested certification or licensure is directly related to the expected learning outcomes of a career and technical education program and is considered to be occupationally specific.

      The requested certification or licensure requires a minimum 150 hours of instruction for secondary students; or 150 hours of instruction for students in postsecondary clock hour programs; or the equivalent of three (3) credit hours for students in postsecondary college credit programs. *(For clock hour programs that are less than 150 instructional hours, please use this form to submit requests and leave this item blank.)*

**Supporting Documentation (Required)**

Please provide a statement of justification to illustrate the correlation between the certification or licensure and the expected learning outcomes of the Career and Technical Education program to which the certification or licensure is to be linked. Please note that there is a limit of 255 characters. If you need additional space, or have additional resource materials please include those as attachments when returning the request form.

[Empty text box for supporting documentation]

**Institutional Approval**

By verifying the agency and name of the requestor, you are indicating institutional approval to process your request.

I, \_\_\_\_\_  
(Type Full Name)

from \_\_\_\_\_  
(Type Agency Name)

verify that I am an authorized requestor and submit the following request to be considered for addition to the Perkins IV Technical Skill Attainment Inventory.