

**FORM 2 - Comprehensive Schools Program Requests**  
Oklahoma Department of Career and Technology Education

**INSTRUCTIONS:** Form 2's are due no later than June 1st of each year. Please complete a separate Form 2 for each type of request. This request is only good for the school year indicated below. If this request is denied, please submit a new Form 2 for the following year.

District Name:

School/Campus Name:

**REQUEST FOR SCHOOL YEAR**

---

**TYPE OF REQUEST:**

**ADD A NEW PROGRAM (must also complete questions 1-6 on page 2)**

Agricultural Education

STEM Education

Family and Consumer Sciences Education

T&I Education

Business and IT Education

Health Careers Education

Marketing Education

**Funding:** State (412)

**Full-Time Equivalency:**

Full-Time

Perkins (prior contact with Perkins staff required)

Half-Time

Other (explain):

Effective Date:

Teacher's Name (if known):

Teacher Certification #:

PID # Assigned:

Teacher's Email Address:

**(For State Office Use Only)**

---

**CHANGE AN EXISTING PROGRAM**

Teacher's Name:

PID #:

Agricultural Education

STEM Education

Family and Consumer Sciences Education

T&I Education

Business and IT Education

Health Careers Education

Marketing Education

**Funding:** Increase State Funding from 50% to 100%

Decrease State Funding from 100% to 50%

Change from Perkins Funding to State (412) Funding

Move program

from (teacher)

at (school)

to (teacher)

at (school)

Teacher Certification #:

Other (explain):

Teacher's Email Address:

## **DROP A PROGRAM**

Agricultural Education

STEM Education

Family and Consumer Sciences Education

T&I Education

Business and IT Education

Health Careers Education

Marketing Education

Reason:

Teacher's Name:

PID #:

Effective Date:

Teacher's Email Address:

If you are requesting a new program, please provide a written narrative and documentation for the following information. (Utilize a separate page if needed.)

1. Will program be operated utilizing local funds and according to CareerTech standards if other funding is not available?

Yes/No

2. Objectives (kind of training, for whom, occupational intent, job titles, etc.)

3. Written description of facilities and equipment, including a sketch of the floor plan (if available) that will be provided in this program.

4. List of equipment and instructional materials including the number of workstations that will be provided and the number of students assigned to each.

5. If the program will include a work-site learning component, please describe.

6. School will fully commit to supporting the applicable student organization.

Yes/No

Superintendent of Schools - Print Name:

Superintendent - Signature:

Date:

School Address:

(Street)

(City)

(State)

(Zip)

Email Address:

Principal's Name:

Email Address:

**Print and retain a copy of this request for your school records.**

**Save completed form as a PDF document and email to:**

Oklahoma Department of Career and Technology Education

Katha Cinnamon at

[programfundingcomp@careertech.ok.gov](mailto:programfundingcomp@careertech.ok.gov)

**Page 3 for STATE OFFICE USE ONLY**

CareerTech Program Administrator:

Date:

Approved:

Denied:

Reason for Denial:

CareerTech Associate State Director:

Date:

Approved:

Denied:

Transfer Funding from \_\_\_\_\_ to \_\_\_\_\_

Actions Taken:

Additional Comments:

Electronic copies to Comprehensive Program Funding Folder on J:drive.