



College NOW/CTE HIGH SCHOOL TEACHER APPROVAL REPORT

Department:

Dept. Chair Name:

High School Teacher Name:

High School	Course Name	Approved	Date Approved
		<input type="checkbox"/>	_____
		<input type="checkbox"/>	_____

- Approval granted for all courses based on meeting minimum qualifications required by OAR 589-007-0200. (Appropriate documentation showing college course work, work experience and degree attached or previously provided to my department)
CTE: Combination of education and industry experience as required in content area
- Provisional Approval (approved through one of the following)
College Now/CTE:
____ Appropriate degree plus work experience and additional coursework in the content area; or
____ Three calendar years of work experience in an occupational area directly related to the instructional program (the work experience must be beyond that acquired in apprenticeship, on-the-job training); or
____ Occupational outcome for the teaching assignment secured through a combination of three years of work experience and specialized training.
- Approval denied for this instructor to teach the indicated courses for these reasons:

Department Chair Signature: _____

Date: _____

Instructional Dean or Vice

President for Instruction Signature: _____

Date: _____

COCC Faculty Mentor Assigned: _____
(FT Faculty or Adjunct Faculty 3+ years)

Please return to the College Now office within ten working days.