THE NORTH CAROLINA CTE TEACHER OF THE YEAR

2024 APPLICATION PORTFOLIO



INSTRUCTIONS FOR COMPLETING THE NCCAT CTE PORTFOLIO

- The nominee must meet the general qualifications as outlined.
- All information requested for the portfolio must be provided.
- Signatures of the nominee and the nominee's CTE Director MUST be included.
- In order to provide all nominees with an equal opportunity, responses are limited to the response fields provided.
- The regional selection committee will **not** consider any additional pages and/or materials submitted.
- Topic questions in sections II, III, and IV must be answered in essay format by the nominee.
- Regarding Section VI, three (3) letters of support must be submitted from among any of the following: administrators, colleagues, parents, or students.
- Please do not convert this PDF into a Word Document. If you have issues filling in the application, you may contact NCCATctetoy@nccat.org.
- Should you have any questions regarding the portfolio, please contact NCCATctetoy@nccat.org.
- This APPLICATION PORTFOLIO must be received by May 6, 2024. After completing the portfolio, submit electronically via email as one document to NCCATctetoy@nccat.org.

Click here to view DPI Educational Region Map



2024 CTE TEACHER OF THE YEAR APPLICATION

SECTION I: INFORMATION FORM To be completed by NOMINEE and signed by CTE Director & NOMINEE.

NOMINEE	INFORMATION		
	INFORIVIATION		
REGION (Please refer to the map, linked on page 1 if you are unsure)	COLINITY		
	COUNTY/ DISTRICT:		
	DISTRICT.		
FIRST NAME:	LAST NAME:		
EMAIL:	PREFERRED NAME:		
HOME ADDRESS:	PHONE NUMBER:	•	
CTE AREA:		CTATE	ZIP:
CIL AILEA.	CITY:	STATE:	ZIP:
VEADC TALICUT.			
YEARS TAUGHT:	CLASS(es) CURRENTLY		
	TEACHING:		
SCHOOLI	NFORMATION		
SCHOOL NAME:	SCHOOL TELEPHONE:		
SCHOOL ADDRESS:	CITY:	STATE:	ZIP:
PRINCIPAL'S NAME:	EMAIL:		
DISTRICT	FINFORMATION		
CTE			
DIRECTOR:	SUPERINTENDENT:		
DIRECTOR	SUPERINTENDENT		
EMAIL:	EMAIL:		
TELEPHONE:			
COUNTY OFFICE ADDRESS			
CITY, STATE, ZIP:			
Land and Lade at the Literature of the control of t	and a self-control for the	NCCAT CTF	
I acknowledge that the nominee meets the ge	neral qualification for the	NCCAT CIE	award as outlined.
CTE DIRECTOR'S SIGNATURE		DATE	
NOMINEE'S SIGNATURE		DATE	
INCIVILINEE 3 SIGNATURE		DATE	

SECTION II: High Quality CTE Program Implementation To be completed by the NOMINEE.

QUESTION: How have you contributed to implementing high quality CTE programs that ensure student success? Please refer to High-quality CTE Framework as a guide/reference. Answer the question in the field below. Ex. development of standards-aligned and integrated curriculum; contributions that resulted in student achievements, opportunities and innovations; CTSO successes; etc.) (5,000 characters (not words) max. This includes spaces)

SECTION III: Innovation To be completed by the NOMINEE.

QUESTION: How do you demonstrate innovation in CTE? Answer the question in the field below. (Ex. improvements implemented to program or institution; new activities or initiatives spearheaded; creative or cutting-edge classroom practices) (5,000 characters (not words) max. This includes spaces.

SECTION IV: Leadership To be completed by the NOMINEE.

QUESTION: How have you demonstrated leadership in improving CTE and/or student opportunities in the local or greater CTE community? Ex. activities conducted with community leaders, business & industry partners, fellow educators, or ACTE and other organizations) (5,000 characters (not words) max. This includes spaces.

SECTION V: Letters of Support

Include three (3) letters of suppo	\underline{rt} from among the following: add	ministrator, CTE Director, colleagues,
parents of student, or students.	The letters should be no more t	han one typed page each.

Name:	
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Relationship to Nominee.	

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