Illinois Project Lead The Way High School Certification Visit
Supplementary Pre-Assessment and Information Update Form

Note—Please submit this information in addition to completing the national PLTW online Certification Engineering Self Assessment found at https://www.pltw.org/get-involved/register-pltw/program-quality

Please complete and return this Form and any attachments (along with any attachments) to:
Brenda Pacey, Illinois Project Lead the Way Affiliate Director
University of Illinois Outreach and Public Service
807 S. Wright Street, Suite 370, MC-323
Champaign, IL  61820
bpacey@uillinois.edu   Voice mail 217/244-5217  FAX  217/333-5581

School Contact Information Update

*School/Agency Name:

*School District Name (if applicable):

*School/agency Web address:

*Specific local PLTW program Web link (if applicable):

*Primary contact person for Certification visit documentation information:
   Name/position/institution:
   Phone number/Fax number:
   Email:
   Mailing address (agency, street address, city, state, zip code):

   Does this person serve as official Primary PLTW Contact/School District Administrator for this agency?  
   ___Yes    ___ No (if no, please confirm preferred contact information for District Administrator,  
   so that we can update national and Illinois records):
   Name/position/institution:
   Phone number/Fax number:
   Email:
   Mailing address (agency, street address, city, state, zip code):

*Billing/Invoicing Contact (for PLTW Certification Visit Fee and Summer Core Training Institute Registration invoicing and business matters):
   Name/position/institution:
   Phone number/Fax number:
   Email:
   Mailing address (agency, street address, city, state, zip code):

*Guidance Counselor contact:
   Name/position/institution:
   Phone number/Fax number:
   Email:
   Mailing address (agency, street address, city, state, zip code):

*PLTW Teachers at your school/agency—Please provide current email addresses for our records:
   Name:
   School email:
   Home or summer email:

   Name:
   School email:
   Home or summer email:

   Name:
   School email:
   Home or summer email:
PLTW Membership Status

*Please indicate your PLTW membership status (check one):

_____ High School (parent District name, if applicable_______________________________________________)

_____ Career Center providing High School PLTW courses (Administrative agency/District name, if applicable____________________________________________________________________________)

_____ Community College or University providing High School PLTW courses

*Please indicate date your school/agency signed a PLTW membership agreement
(If possible, please have a copy available for Certification visit reference):

_____________________________ (Month/Day/Year)

Narrative Historical Summary Overview of Local PLTW Program Implementation

Please provide a brief (1-2 pages) narrative history of your local PLTW program participation so far—including, but not limited to: 1) review of how PLTW got started in your community; 2) summary of program growth and level of program participation to date; 3) examples of key local or regional partnership efforts; 4) outline of successes and challenges you have experienced, and 5) short range goals or next steps for PLTW activity in your school/service area.
### Course Offering, Student Attendance Flow, and Teacher Training Overview

**PLTW Local Course History**

Please report on current and future course offerings at your school/agency location (check all that apply or indicate “?” if a possibility or unsure of future course cycles at this time):

<table>
<thead>
<tr>
<th>Year</th>
<th>Courses Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>POE ___ IED ___ DE ___ CEA ___ CIM ___ BTE ___ AE ___ EDD</td>
</tr>
<tr>
<td>2012-13</td>
<td>POE ___ IED ___ DE ___ CEA ___ CIM ___ BTE ___ AE ___ EDD</td>
</tr>
<tr>
<td>2013-14</td>
<td>POE ___ IED ___ DE ___ CEA ___ CIM ___ BTE ___ AE ___ EDD</td>
</tr>
<tr>
<td>2014-15</td>
<td>POE ___ IED ___ DE ___ CEA ___ CIM ___ BTE ___ AE ___ EDD ___ CSE</td>
</tr>
<tr>
<td>2015-16</td>
<td>POE ___ IED ___ DE ___ CEA ___ CIM ___ BTE ___ AE ___ EDD ___ CSE ___ ICS</td>
</tr>
<tr>
<td>2016-17</td>
<td>POE ___ IED ___ DE ___ CEA ___ CIM ___ BTE ___ AE ___ EDD ___ CSE ___ ICS</td>
</tr>
<tr>
<td>2017-18</td>
<td>POE ___ IED ___ DE ___ CEA ___ CIM ___ BTE ___ AE ___ EDD ___ CSE ___ ICS</td>
</tr>
</tbody>
</table>

**PLTW Local Program Student History**

Please indicate year(s) your school/agency has sent or plans to send students to other locations for PTLW courses:

<table>
<thead>
<tr>
<th>Year</th>
<th>Location/Course/Approximate # of students</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>2017-18</td>
<td>Location/Course/Approximate # of students</td>
</tr>
</tbody>
</table>

**Not applicable at this time.**

Please indicate year(s) that other schools have sent or plan to send students to your location for PLTW courses:

<table>
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School/Course/Approximate # of students:
School/Course/Approximate # of students:
School/Course/Approximate # of students:

2017-18
School/Course/Approximate # of students:
School/Course/Approximate # of students:
School/Course/Approximate # of students:

Not applicable at this time.

*PLTW Class Formats/Scheduling Options
Please check all that apply or add comments/descriptions as necessary:

- Year-long-- offered one period daily for two semesters
- Year-long-- offered in double-period 8-block on alternating days or other schedule over two semesters
- Semester-long—offered in double-period or other format for one semester
- Other (please describe):

*PLEASE ATTACH OFFICIAL COURSE DESCRIPTIONS/type of credit offered for PLTW COURSES AS THEY APPEAR IN COURSE PLANNING GUIDES/STUDENT HANDBOOKS/GUIDANCE PLANNING WEBSITES, ETC

And

*PLEASE ATTACH CURRENT SCHOOL YEAR COURSE SCHEDULE
(include first and second semester courses, dates/class times, teacher assignments; end-of-semester dates)

*Math/Science Course and other Counseling Pre-Requisites
Please comment on course enrollment pre-requisites or limits, if any, related to student age/year in school, and past or concurrent math or science class enrollment:
*PLTW Course Credit Type(s)*

Please indicate if PLTW courses in your school offer any of the following types of credit:

- CTE technical education elective credit (PLTW Courses: ____________________________)
- Math elective credit (Courses: ___________________________________________)
- Science elective credit (Courses: ___________________________________________)
- Other (Please describe): ___________________________________________________

Please indicate if PLTW courses offer honors or weighted credit:

- No
- Yes (If yes, please describe which courses and for what type of credit):

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**Teacher Training/Professional Development/Support Services**

*Please indicate number of anticipated STI summer teacher training slot needs for next few years:*

<table>
<thead>
<tr>
<th>Year</th>
<th>POE</th>
<th>IED</th>
<th>DE</th>
<th>CEA</th>
<th>CIM</th>
<th>ES</th>
<th>AE</th>
<th>EDD</th>
<th>CSE</th>
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*If possible, please have copies of local teachers’ past PLTW Summer Core Training Institute completion certificates available for review at site visit.*

*Would your school be willing to serve as a host site for Illinois PLTW Affiliate-sponsored teacher workshop sessions and/or PLTW information visits?*

- Yes—please contact us for further planning.
- Unsure
- Not at this time.

*Please indicate types of ongoing professional development training that might be useful to support your PLTW teachers (web-based resources; Illinois PLTW listserv potential; workshops at UIC or UIUC or at member school sites; topical focus; etc.):*

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**EFE/Career Center/Tech Prep Partnership Overview**

If a career center or cooperative organization, please describe or attach any school membership lists or agreements which describe relationships between school districts/high schools and your center or organization. Please note which members participate in PLTW courses as part of this relationship and describe or attach any relevant documents or promotional materials:

If a high school, please provide name of EFE, Career Center, or Tech Prep partner organization to which you belong, if applicable. Please briefly describe or attach information about the types of cooperative programs/services associated with this relationship, and note if your PLTW participation does or does or does not involve this partner group:

- Not applicable at this time
Post-secondary (Community College/College/University) Relationships
Please indicate all that apply:

_____Our institution provides dual credit (HS and college) for PLTW courses, in cooperation with ____________________ (college). Please describe and attach list of PLTW course/college course/credit/tuition cost arrangements:

_____Our institution is a college which has dual credit or articulation course arrangements with school districts (please list schools and describe or attach PLTW course/college course/credit/tuition cost arrangements):

_____Other special high school/post-secondary PLTW credit or articulation relationship (please describe):

_____Other special high school/post-secondary PLTW relationship, excluding STI summer training institute attendance (mentoring, field trips, consulting, special event collaboration, etc.):

_____Not applicable at this time.

PLTW Program Funding Support Sources
Please check all that apply:

_____Local School/District Budget

_____Local Business/Community partnership support or grants (describe/list amount):

_____State/Area EFE, Career Center, or Tech Prep partnership support (describe/list amount):

_____Illinois Department of Commerce and Economic Development grant (describe amount and grant period):

_____Kern Family Foundation Grant (describe amount and grant period):

_____PLTW STEM Education Fund Grant (describe amount and grant period):

_____Other (describe):

(Optional) Questions/Suggestions
Do you have any Questions/Suggestions that should be pursued during or prior to your school’s PTLW Certification visit?

Thank you very much for your commitment to offering Project Lead the Way program opportunities for students in your community. Special thanks for taking time to provide information to help us learn more about your local PLTW program as part of the Certification process.