

**Home Economics Careers and Technology Education**

**PROGRAM IMPROVEMENT AND PROGRAM OF EXCELLENCE  
CERTIFICATION AND RECERTIFICATION**

**Recognition Checklist**

*Please complete one form for each program certified or recertified to be recognized as a Program of Excellence.*

Name of HECT Regional Supervisor completing this form: \_\_\_\_\_

Lead Teacher's telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of School/ROCP: \_\_\_\_\_

Middle School

High School

ROCP

Program: \_\_\_\_\_ CBEDS Code: \_\_\_\_\_

Date Site Certified: \_\_\_\_\_ Date Site Recertified: \_\_\_\_\_

Complete name and address of person(s) to whom recognition letter(s) should be sent: (Letters to be sent by HECT Education State Staff).

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Name of school/ROCP and program as they should appear on plaque:

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Names (as they should appear on certificates) of site personnel to receive Program Certification or Recertification "Certificates of Appreciation":

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|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Planned date for presentation of plaque and certificates to site personnel: \_\_\_\_\_

Name of person presenting plaque and certificate: \_\_\_\_\_

Name and address of local newspapers to receive new release:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_