



## PLTW Ohio Certification Document (Cover Sheet)

Date document was completed:			
Name of school district		District IRN # Building IRN #	
Name of school			
School address	City	State	Zip Code
Contact person		Title	
Email address	School or district Web address		
Front office phone #	Building FAX #		
PLTW implementation date:	What EMIS Course Code are you using to report this program to ODE? <span style="float: right;"><b>y</b> <b>n</b></span> Do you have an approved CTE-26 on file for this program? <input type="checkbox"/> <input type="checkbox"/> Do you have an approved Tech Prep application on file for this program? <input type="checkbox"/> yes <input type="checkbox"/> no School District Typology		
Are you participating in the Ohio (webxam.org) data collection system? <input type="checkbox"/> yes <input type="checkbox"/> no Are you participating in the PLTW National (True Outcomes) data collection? <input type="checkbox"/> yes <input type="checkbox"/> no			

Name of Building Principal:			
Name of Building Assistant Principal(s):			
Name of PLTW Counselor(s) Trained: <input type="checkbox"/> yes <input type="checkbox"/> no      Year attended counselor conference			
Name of Career and Technology Education Director:			
Name of Superintendent:			
District Mailing Address	City	State	Zip Code