CTE TEACHER INPUT FORM

Student: _____ Date: _____

CTE Program/ School: _____ Session: ☐ AM or ☐ PM

Home School: _____ Current CTE Grade: _____

What are the student's glows (strengths)?

What areas for growth would this student benefit from to help them be successful at a job?

_____

CTE Program Teacher Printed Name

_____ _____

CTE Program Teacher Signature Date