



EX 2 – 03.2 / Off Campus Education Year End Report

Related Procedure: 2 – 03 Off Campus Education

Off-Campus / Career Education
Year-End Program Report
(Include All Off-Campus Programs)

Name of School: _____

School Year: _____

Names of Off Campus / Career Education Team: _____

1. GENERAL COMMENTS ABOUT OFF-CAMPUS / CAREER EDUCATION IN YOUR SCHOOL

(a) Successes

(b) Issues

2. INNOVATIONS TO THE PROGRAM (example – CTS done off-campus, celebrations, sharing services)

3. FEEDBACK RECEIVED FROM THE EMPLOYER(S) OR CAREER PARTNERS

4. COMMENT ON THE USE OF MYBLUEPRINT IN YOUR SCHOOL

5. SUMMARY (Suggestions)

Name

Signature

Date

DO NOT MODIFY