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## MARYLAND CONSOLIDATED PERKINS AND METHODS OF ADMINISTRATION (MOA) MONITORING REVIEW PROCESS RUBRICS

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### Overview

The Division of Career and College Readiness (DCCR) is committed to supporting the achievement of equitable outcomes for all students. Through this commitment, DCCR provides a variety of resources to help monitored regions prevent, identify, and remedy unlawful discrimination and meet federal requirements established by Perkins and MOA. A series of rubrics were developed to guide the review of all evidence submitted by monitored regions against the monitoring criteria outlined in the Maryland Consolidated Perkins and MOA Monitoring program. Prior to the monitoring review, we highly recommend local school systems, colleges, and state-operated programs review all rubrics to gain better understanding of the level of clarity and accuracy required for evidence submissions and how evidence submissions may be evaluated. The criteria listed in these rubrics can also be found on the [Consolidated Perkins & MOA Review Criteria List](#) and are based on Perkins & MOA legislative requirements that align with school systems, community colleges, state-operated programs current required protocols, evaluations, and reporting requirements.

### **Rubric Criteria Rating**

Evidence is rated for each assigned criterion indicating the level of compliance and completeness of the criteria reviewed. Each criterion is rated with an “X” as follows:

- **Acceptable** - Requirements for this criterion have been met. Evidence provided is evident and clear.
- **Developing** - Requirements for the criterion have not been met. Evidence provided is vague, missing, or inconsistent.

Under “Justification for Rating” an explanation is provided to support an Acceptable or Developing rating. Additional information on review criteria, including detailed descriptions of the evidence required for Local Schools Systems/Community Colleges & State-Operated Programs are located on the [Consolidated Perkins & MOA Monitoring Review Plan](#) website. For questions and/or additional assistance, please contact the Equity & Civil Rights Compliance Specialist, Dr. China Wilson, at [china.wilson@maryland.gov](mailto:china.wilson@maryland.gov) or 410-767-0180.

## Maryland Consolidated Perkins and Methods of Administration (MOA) Career and Technical Education (CTE) Monitoring Review Process Rubric

### Category #1 - Assessment of Equity and Student Access

#### Instructions

Use this rubric to guide the review of your assigned criteria for the Consolidated Perkins & MOA Monitoring Review. The Maryland Consolidated Perkins and Methods of Administration (MOA) Monitoring Plan outlines a comprehensive evaluation-compliance-monitoring process under which each recipient's system of CTE is evaluated and progress is monitored to ensure their compliance in the equity and access of high-quality CTE for all. *Monitoring Team members will be responsible for reviewing materials, evidence and other documents to determine sufficiency in meeting compliance. Monitoring Team members will also have an opportunity to share questions and/or concerns regarding the materials, evidence, and documents provided by the recipient. Please address all questions/concerns to Dr. China Wilson, Equity & Civil Rights Compliance Specialist.*

#### Guidelines

##### Review Information

Please note, team members are expected to review the Consolidated Perkins & MOA Review Criteria list and the materials, evidence, and documents provided by the recipient prior to completing the evaluation. Upon reviewing the criteria list and materials provided, team members will determine sufficiency in recipient's ability to meet compliance, based on their assigned criteria, using the rubric below.

##### Criteria Rating

Reviewers will rate the evidence for each assigned criteria indicating the level of compliance and completeness of the criteria reviewed. Reviewers will rate each assigned criteria with an "X" as follows:

- **Acceptable** - Requirements for this criterion have been met. Evidence provided is evident and clear.
- **Developing** - Requirements for the criterion have not been met. Evidence provided is vague, missing, or inconsistent.

Under "Justification for Rating" reviewer must include an explanation from the evidence provided to support an Acceptable or Developing rating. See example [Figure 1](#).

**Figure 1: Example of Criteria 1 Rating**

**Category #1 - Assessment of Equity and Student Access**

Local school systems and community colleges are required to provide equal CTE access and equitable support to all students enrolling in a CTE program of study, including students from special populations. Resources or supports must be directed to reduce enrollment gaps and remove barriers to student participation.

| Criteria Area                                  | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable   | Developing<br>(Check One)  | Justification for Rating<br>(Please be specific)   | Person Responsible |
|--|---|--|--|--|--------------------|
| <b>CCTEP1C – MOA</b><br>Admissions<br>Criteria | <input checked="" type="checkbox"/> Admissions/Placement policy for CTE and description of admissions/placement process (e.g. description of strategies used, social media outreach, etc.). <i>Please note: The evidence for this criteria must be sure to include representation from all protected groups (e.g. disabilities, sex, race, color, national origin, and age) [same evidence requested for CCTEP1A &amp; 5A].</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The admissions policy does not contain language that includes representation for the protected groups of race and gender.  | Jane Doe           |
|  | <input checked="" type="checkbox"/> Procedures and criteria for selective admissions/placement to CTE programs where there are more applicants than can be accommodated [same evidence requested for CCTEP1A & 5A].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input checked="" type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The documentation submitted does not clearly outline the recipient’s procedures and criteria for selective admissions/ placement to CTE programs where there are more applicants than can be accommodated.                   |                    |
|  | <input type="checkbox"/> Demographics of rejected candidates by selection criteria [same evidence requested for CCTEP1A].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | No documentation was submitted.  |                    |
|  | <input checked="" type="checkbox"/> Procedure for Limited English Proficiency/English Learner identification and placement [same evidence requested for CCTEP1A].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The documentation submitted does not include information on placement procedures for ELL students.   |                    |
|  | <input checked="" type="checkbox"/> Procedure for students with disabilities identification and placement including procedures for students to request reasonable accommodations and an explanation of the accommodation process. <i>Please note: The evidence for this criteria must be sure to encompass all genres of disabilities (e.g.</i>   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input checked="" type="checkbox"/> Inconsistent | The procedures submitted are <u>inconsistent</u> with compliance requirements and has been <u>determined to be discriminatory</u> . Specifically, the procedures for placement outline practices used to measure a student's |                    |

| Criteria Area                                  | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable  | Developing<br>(Check One)  | Justification for Rating<br>(Please be specific)  | Person Responsible |
|--|--|---|--|---|--------------------|
|  | <i>hearing impairments, blind, learning disabilities, autism, physical impairments, etc.) [same evidence requested for CCTEP1A].</i>   |   |  | prospect for success based on disability. This requirement presents a concern.  |                    |
| <b>CCTEP1D – MOA</b><br>Counseling<br>Criteria | <input checked="" type="checkbox"/> Copy of the recipient’s written guidance/case management plan (e.g. trainings provided to ensure non-discrimination, etc.) <i>Please note: The evidence for this criteria must be sure to include representation from all protected groups (e.g. disabilities, sex, race, color, national origin, and age) [same evidence requested for CCTEP1A &amp; 2A].</i> | Evidence is:<br><input checked="" type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent            | The evidence provided is compliant.   | John Doe           |
|  | <input checked="" type="checkbox"/> Copy of the recipient’s assessment plan (e.g. surveys, focus group feedback regarding intent vs. impact, etc.) <i>[same evidence requested for CCTEP1A &amp; 2A].</i>  | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input checked="" type="checkbox"/> Inconsistent | The assessment plan submitted is <u>inconsistent</u> with compliance requirements and has been <u>determined to be discriminatory</u> . Specifically, the assessment plan outlines practices used to measure a student’s prospect for success based on disability. This requirement presents a concern. |                    |
|  | <input checked="" type="checkbox"/> Calendar of career and academic counseling/case management (e.g. screenshots of online counseling, summary of case management sessions, etc.) <i>[same evidence requested for CCTEP1A &amp; 2A].</i>   | Evidence is:<br><input checked="" type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent            | The evidence provided is compliant.   |                    |
|  | <input checked="" type="checkbox"/> Copy of enrollment/placement forms <i>[same evidence requested for CCTEP1A].</i>   | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The forms submitted do not include a Notice of Non-Discrimination compliant with current federal standards.   |                    |
|  | <input checked="" type="checkbox"/> Description of the process to identify and address disproportionate enrollment/placement in CTE programs <i>[same evidence requested for CCTEP1A].</i>   | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input checked="" type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The documentation submitted do not clearly outline the process to identify and address disproportionate enrollment/placement in CTE programs  |                    |

## Criteria Rating for Category 1 – Please Complete

### Category #1 - Assessment of Equity and Student Access

Local school systems and community colleges are required to provide equal CTE access and equitable support to all students enrolling in a CTE program of study, including students from special populations. Resources or supports must be directed to reduce enrollment gaps and remove barriers to student participation.

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|--|---|--|---|--|--------------------|
| CCTEP1A – Perkins Needs Assessment Evaluation of Access, Equity and Student Performance Criteria | <input type="checkbox"/> Copy of CTE recruitment/marketing/program awareness plans. <i>Please note: The evidence for this criteria must be sure to include representation from all protected groups (e.g. disabilities, sex, race, color, national origin, and age) (e.g., training of staff to minimize/reduce potential stigmas, targeted outreach efforts to ensure broad representation/dissemination of information to key groups, social media strategies, etc.) [same evidence requested for CCTEP1B].</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Description of CTE recruitment/marketing/program awareness activities [same evidence requested for CCTEP1B].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copies of CTE recruitment/marketing/program awareness materials (e.g. brochures, flyers, newspaper ads, course catalogs, etc.) [same evidence requested for CCTEP1B].  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copy of CTE course catalog / course descriptions [same evidence requested for CCTEP1B].  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Written plan for recruiting/marketing to/increasing program awareness of individuals with English as a second language [same evidence requested for CCTEP1B].  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |



**Maryland Consolidated Perkins and Methods of Administration  
Career and Technical Education Monitoring Review Process Rubric – Category #1**

| Criteria Area  | Evidence Submitted By Recipient<br><i>(Check all items submitted)</i>  | Acceptable   | Developing<br><i>(Check One)</i>  | Justification for Rating<br><i>(Please be specific)</i> | Person Responsible |
|--|--|--|---|---|--------------------|
| <b>CCTEP1A – Perkins Needs Assessment Evaluation of Access, Equity and Student Performance Criteria</b><br>(continued) | <input type="checkbox"/> Written plan for recruiting/marketing to/increasing program awareness of students with disabilities including procedures for students to request reasonable accommodations and an explanation of the accommodation process. <i>Please note: The evidence for this criteria must be sure to encompass all genres of disabilities (e.g. hearing impairments, blind, learning disabilities, autism, physical impairments, etc.) [same evidence requested for CCTEP1B].</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |   |                    |
|  | <input type="checkbox"/> Samples of recruiting/marketing/program awareness materials in alternative languages/formats (as applicable) <i>[same evidence requested for CCTEP1B].</i>  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |   |                    |
|  | <input type="checkbox"/> Admissions/Placement policy for CTE and description of admissions/placement process (e.g. description of process, social media outreach strategies, etc.). <i>Please note: The evidence for this criteria must be sure to include representation from all protected groups (e.g. disabilities, sex, race, color, national origin, and age) [same evidence requested for CCTEP1C &amp; 5A].</i>  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |   |                    |
|  | <input type="checkbox"/> Procedures and criteria for selective admissions/placement to CTE programs where there are more applicants than can be accommodated <i>[same evidence requested for CCTEP1C &amp; 5A].</i>  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |   |                    |
|  | <input type="checkbox"/> Demographics of rejected candidates by selection criteria <i>[same evidence requested for CCTEP1C].</i>   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |   |                    |
|  | <input type="checkbox"/> Procedure for Limited English Proficiency/English Learner identification and placement <i>[same evidence requested for CCTEP1C].</i>  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |   |                    |

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|--|--|--|---|--|--------------------|
| CCTEP1A – Perkins Needs Assessment Evaluation of Access, Equity and Student Performance Criteria (continued) | <input type="checkbox"/> Procedure for students with disabilities identification and placement including procedures for students to request reasonable accommodations and an explanation of the accommodation process. <i>Please note: The evidence for this criteria must be sure to encompass all genres of disabilities (e.g. hearing impairments, blind, learning disabilities, autism, physical impairments, etc.) [same evidence requested for CCTEP1C].</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copy of the recipient’s written guidance/case management plan (e.g. trainings that provide evidence-based strategies to address underrepresentation of various student groups, etc.). <i>Please note: The evidence for this criteria must be sure to include representation from all protected groups (e.g. disabilities, sex, race, color, national origin, and age) [same evidence requested for CCTEP1D &amp; 2A].</i>                 | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copy of the recipient’s assessment plan (e.g. surveys, focus group feedback regarding intent vs. impact, etc.) [same evidence requested for 1D & 2A].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Calendar of career & academic counseling/case management (e.g. screenshots of online counseling, summary of case management sessions, etc.) [same evidence requested for CCTEP1D & 2A].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copy of enrollment/placement forms [same evidence requested for CCTEP1D]  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Description of the process to identify and address disproportionate enrollment/placement in CTE programs [same evidence requested for CCTEP1D].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|--|---|--|---|--|--------------------|
| <b>CCTEP1B – MOA</b><br>Recruitment<br>Criteria                | <input type="checkbox"/> Copy of CTE recruitment/marketing/program awareness plans. <i>Please note: The evidence for this criteria must be sure to include representation from all protected groups (e.g. disabilities, sex, race, color, national origin, and age) (e.g. training of staff to minimize/reduce potential stigmas, targeted outreach efforts to ensure broad representation/dissemination of information to key groups, etc.) [same evidence requested for CCTEP1A].</i>                 | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Description of CTE recruitment/marketing/program awareness activities [same evidence requested for CCTEP1A].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP1B – MOA</b><br>Recruitment<br>Criteria<br>(continued) | <input type="checkbox"/> Copies of CTE recruitment/marketing/program awareness materials (e.g. course catalogs, etc.) [same evidence requested for CCTEP1A].  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copy of CTE course catalog /course descriptions [same evidence requested for CCTEP1A].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Written plan for recruiting/marketing to/increasing awareness of the program to individuals with English as a second language [same evidence requested for CCTEP1A].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Written plan for recruiting/marketing to/increasing awareness of the program to students with disabilities including procedures for students to request reasonable accommodations and an explanation of the accommodation process. <i>Please note: The evidence for this criteria must be sure to encompass all genres of disabilities (e.g. hearing impairments, blind, learning disabilities, autism, physical impairments, etc.) [same evidence requested for CCTEP1A].</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |



| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|--|--|--|---|--|--------------------|
|  | <input type="checkbox"/> Samples of recruiting/marketing/increasing program awareness materials in alternative languages/formats (as applicable) [same evidence requested for CCTEP1A].  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP1C – MOA</b><br>Admissions Criteria                | <input type="checkbox"/> Admissions/Placement policy for CTE and description of admissions/placement process (e.g. description of strategies used, social media outreach, etc.). <i>Please note: The evidence for this criteria must be sure to include representation from all protected groups (e.g. disabilities, sex, race, color, national origin, and age) [same evidence requested for CCTEP1A &amp; 5A].</i>   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP1C – MOA</b><br>Admissions Criteria<br>(Continued) | <input type="checkbox"/> Procedures and criteria for selective admissions/placement to CTE programs where there are more applicants than can be accommodated [same evidence requested for CCTEP1A & 5A].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Demographics of rejected candidates by selection criteria [same evidence requested for CCTEP1A].  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Procedure for Limited English Proficiency/English Learner identification and placement [same evidence requested for CCTEP1A].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Procedure for students with disabilities identification and placement including procedures for students to request reasonable accommodations and an explanation of the accommodation process. <i>Please note: The evidence for this criteria must be sure to encompass all genres of disabilities (e.g. hearing impairments, blind, learning disabilities, autism, physical impairments, etc.) [same evidence requested for CCTEP1A].</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|--|---|--|---|--|--------------------|
| <b>CCTEP1D - (MOA)</b><br>Counseling Criteria                | <input type="checkbox"/> Copy of the recipient's written guidance/case management plan (e.g. trainings provided to ensure non-discrimination, etc.) <i>Please note: The evidence for this criteria must be sure to include representation from all protected groups (e.g. disabilities, sex, race, color, national origin, and age) [same evidence requested for CCTEP1A &amp; 2A].</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copy of the recipient's assessment plan (e.g. surveys, focus group feedback regarding intent vs. impact, etc.) <i>[same evidence requested for CCTEP1A &amp; 2A].</i>  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP1D - (MOA)</b><br>Counseling Criteria<br>(continued) | <input type="checkbox"/> Calendar of career and academic counseling/case management (e.g. screenshots of online counseling, summary of case management sessions, etc.) <i>[same evidence requested for CCTEP1A &amp; 2A].</i>   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copy of enrollment/placement forms <i>[same evidence requested for CCTEP1A].</i>   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Description of the process to identify and address disproportionate enrollment/placement in CTE programs <i>[same evidence requested for CCTEP1A].</i>   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP1E - MOA</b><br>Administrative<br>Criteria           | <input type="checkbox"/> A copy of the recipient's continuous non-discrimination notice.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copies of a variety of the recipient's publications that notify applicants, students, employees, and parents that it does not discriminate on the basis of race, color, national origin, sex, or disability. (e.g. brochures, catalogs, handbooks, website, recruitment materials, applications, school newspaper etc.)  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|--|--|--|---|--|--------------------|
|  | <input type="checkbox"/> Copies of the annual public notice of nondiscrimination (e.g. as published in local newspapers, pamphlets, recipient’s newsletters, radio/TV, etc.)   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Description of plans for providing annual public notice to persons with disabilities (e.g. visually impaired) and national origin minority persons. <i>Please note: The evidence for this criteria must be sure to encompass representation of protected groups including all applicable genres of national origin minority persons and all genres of disabilities (e.g. hearing impairments, blind, learning disabilities, autism, physical impairments, etc.)</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CTEP1E - MOA</b><br>Administrative<br>Criteria<br>(continued) | <input type="checkbox"/> Document(s) which designate the Title IX and Section 504 Coordinator(s) that includes name (or position), business address, and phone number.   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copies of the recipient’s publications that notify applicants, students, employees, and parents of the names or titles, addresses, and phone numbers of the Title IX and Section 504 Coordinator(s) in the notice of nondiscrimination  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Job description for the Title IX and Section 504 Coordinator(s) which outlines the duties and responsibilities of the position(s).  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Description of the training the Title IX and Section 504 Coordinator(s) have received.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copy of the recipient’s grievance procedure for persons who feel like they have been discriminated against based on sex or disability.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |



**Maryland Consolidated Perkins and Methods of Administration  
Career and Technical Education Monitoring Review Process Rubric – Category #1**

| Criteria Area | Evidence Submitted By Recipient<br><i>(Check all items submitted)</i>   | Acceptable   | Developing<br><i>(Check One)</i>  | Justification for Rating<br><i>(Please be specific)</i> | Person Responsible |
|---------------|---|--|---|---|--------------------|
|               | <input type="checkbox"/> Copies of publications/list of locations where the recipient’s grievance procedure can be accessed by students, employees, parents, and patrons. | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |   |                    |

## Maryland Consolidated Perkins and Methods of Administration (MOA) Career and Technical Education (CTE) Monitoring Review Process Rubric

### Category #2 - Assessment of Student Progress

#### Instructions

Use this rubric to guide the review of your assigned criteria for the Consolidated Perkins & MOA Monitoring Review. The Maryland Consolidated Perkins and Methods of Administration (MOA) Monitoring Plan outlines a comprehensive evaluation-compliance-monitoring process under which each recipient's system of CTE is evaluated and progress is monitored to ensure their compliance in the equity and access of high-quality CTE for all. *Monitoring Team members will be responsible for reviewing materials, evidence and other documents to determine sufficiency in meeting compliance. Monitoring Team members will also have an opportunity to share questions and/or concerns regarding the materials, evidence, and documents provided by the recipient. Please address all questions/concerns to Dr. China Wilson, Equity & Civil Rights Compliance Specialist.*

#### Guidelines

##### Review Information

Please note team members are expected to review the Consolidated Perkins & MOA Review Criteria list and the materials, evidence, and documents provided by the recipient prior to completing the evaluation. Upon reviewing the criteria list and materials provided, team members will determine sufficiency in recipient's ability to meet compliance, based on their assigned criteria, using the rubric below.

##### Criteria Rating

Reviewers will rate the evidence for each assigned criteria indicating the level of compliance and completeness of the criteria reviewed. Reviewers will rate each assigned criteria with an "X" as follows:

- **Acceptable** - Requirements for this criterion have been met. Evidence provided is evident and clear.
- **Developing** - Requirements for the criterion have not been met. Evidence provided is vague, missing, or inconsistent.

Under "Justification for Rating" reviewer must include an explanation from the evidence provided to support an Acceptable or Developing rating. See example [Figure 2 \(Perkins Criteria\)](#) and [Figure 3 \(MOA Criteria\)](#).

**Figure 2: Example of Criteria Rating (Perkins Criteria)**

**Category #2 - Assessment of Student Progress**

Local school systems and community colleges are required to provide support to all students completing a CTE program of study, which also includes students from special populations. Resources or supports must be directed to reduce performance gaps and remove barriers to student success. Career guidance with the development of a career and academic plan should be provided in order to assist each student enrolled in a career and technical education program of study with successful completion.

| Criteria Area                                     | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable  | Developing<br>(Check One)  | Justification for Rating<br>(please be specific)   | Person Responsible |
|---|--|---|--|--|--------------------|
| CCTEP2A - Perkins Needs Assessment Scope Criteria | <input checked="" type="checkbox"/> Copy of the recipient’s written guidance/case management plan (e.g. trainings provided to ensure non-discrimination, etc.). <i>The evidence for this criteria must be sure to include representation from all protected groups (e.g. disabilities, sex, race, color, national origin, and age) [same evidence requested for CCTEP1A &amp; 1D].</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The guidance plan does not contain language that includes representation for the protected groups of race and gender.<br><b>OR</b><br>The recipient’s guidance plan provides examples of the types of events scheduled to provide guidance to students, but it does not explain the actual steps taken to ensure non-discriminatory behavior towards students from protected groups. | Jane Doe           |
|   | <input checked="" type="checkbox"/> Copy of the recipient’s assessment plan (e.g. surveys, focus group feedback regarding intent vs. impact, etc.) <i>[same evidence requested for CCTEP1A &amp; 1D].</i>  | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input checked="" type="checkbox"/> Inconsistent | The assessment plan submitted is <u>inconsistent</u> with compliance requirements and has been <u>determined to be discriminatory</u> . Specifically, the assessment plan outlines practices used to measure a student's prospect for success based on disability. This requirement presents a concern.  |                    |
|   | <input checked="" type="checkbox"/> Calendar of career and academic counseling/case management (e.g. screenshots of online counseling, summary of case management sessions, etc.) <i>[same evidence requested for CCTEP1A &amp; 1D].</i>   | Evidence is:<br><input checked="" type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent            | The evidence provided is compliant.  |                    |



**Maryland Consolidated Perkins and Methods of Administration  
Career and Technical Education Monitoring Review Process Rubric – Category #2**

|  |   |  |  |  |          |
|--|---|--|--|--|----------|
| <b>CCTEP2A - Perkins Needs Assessment Scope Criteria (continued)</b> | <input type="checkbox"/> Documents demonstrating that all students complete career assessment inventories <i>(For Local Schools Systems beginning at least by Grade 9.)</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The recipient did not submit documentation to confirm that students completed their career assessments inventories. No response received for requests for submissions as of 12/2/2020. | Jane Doe |
|  | <input checked="" type="checkbox"/> Documentation demonstrating that all students possess a career and academic plan that is, at minimum, updated each school/program year. | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The documentation submitted demonstrates that students possess a career and academic plan, but the information does not include each school/program year.                              |          |

**Figure 3: Example of Criteria Rating (MOA Criteria)**

**Category #2 - Assessment of Student Progress**

Local school systems and community colleges are required to provide support to all students completing a CTE program of study, which also includes students from special populations. Resources or supports must be directed to reduce performance gaps and remove barriers to student success. Career guidance with the development of a career and academic plan should be provided in order to assist each student enrolled in a career and technical education program of study with successful completion.

| Criteria Area   | Evidence Submitted By Recipient<br><i>(Check all items submitted)</i>   | Acceptable  | Developing<br><i>(Check One)</i>   | Justification for Rating<br><i>(please be specific)</i>   | Person Responsible |
|---|---|---|--|---|--------------------|
| CCTEP2D – MOA<br>Services for Students with Disabilities Criteria | <input checked="" type="checkbox"/> Description of how the recipient provides access to all programs, courses, services, and activities offered to students with disabilities (e.g. process for how IEP/504 Plans are identified and implemented). <i>The evidence for this criterion must be sure to encompass all genres of disabilities (e.g. hearing impairments, blind, learning disabilities, autism, physical impairments, etc.)</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent<br><br>Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input checked="" type="checkbox"/> Inconsistent | The document provides an overview of considerations for the IEP Team, but does not provide a description of how IEP/504 Plans are identified and implemented for students with a disability. Also, the <u>data</u> reveals a disproportionately low enrollment rate for students with disabilities.<br><br><p style="text-align: center;"><b>OR</b></p> A description of how the recipient provides access to all programs, courses, services and activities to students with a disability was submitted. However, a variety of external documents and their website are <u>inconsistent</u> with compliance requirements and has been <u>determined to be discriminatory</u> . Specifically, their website, Section 504 Complaint Form, 504 Summary of Legal Rights for Parents... <i>(list all that apply)</i> do not have a notice of non-discrimination that meets current federal standards. | John Doe           |
|   | <input checked="" type="checkbox"/> Description of how equipment and/or facilities have been adapted to accommodate students with disabilities.   | Evidence is:<br><input checked="" type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent  | The evidence provided is compliant.   |                    |



| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable  | Developing<br>(Check One)  | Justification for Rating<br>(please be specific)  | Person Responsible |
|--|---|---|--|---|--------------------|
| CCTEP2D – MOA<br>Services for Students with Disabilities Criteria<br>(continued) | <input checked="" type="checkbox"/> Policy(ies) for providing aids and services to students including procedures for students to request reasonable accommodations and an explanation of the accommodation process. | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input checked="" type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The document provides policy(ies) for providing aids and services to students including procedures for students to request reasonable accommodations, but it does not clearly explain the accommodation process.  | John Doe           |
|  | <input checked="" type="checkbox"/> List of aids and services available to students with disabilities.  | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | A list of aids was submitted but the services available to students were not included.  |                    |
|  | <input checked="" type="checkbox"/> Copy of policies governing use of service animals, tape recorders, note takers, etc.  | Evidence is:<br><input checked="" type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent            | The evidence provided is compliant.   |                    |
|  | <input type="checkbox"/> Copy of recipient's Free and Public Education (FAPE) policy and procedures.  | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The recipient did not submit a copy of their FAPE policy. No response received for requests for submissions as of 12/2/2020.  |                    |
|  | <input checked="" type="checkbox"/> Policies for testing modification for students with disabilities.   | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input checked="" type="checkbox"/> Inconsistent | The policies for testing modifications submitted does not appear to discriminate based on race, color, or national origin. However, the list of testing modifications are <u>inconsistent</u> with compliance requirements and has been <u>determined to be discriminatory</u> . Specifically, the list of testing modifications indicate that students are not receiving the appropriate services according to the provisions of their IEP or Section 504 plan. This requirement presents a concern. |                    |
|  | <input checked="" type="checkbox"/> List of testing modifications that have been used by the recipient for persons with disabilities.   | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input checked="" type="checkbox"/> Inconsistent | The list of testing modifications are <u>inconsistent</u> with compliance requirements and has been <u>determined to be discriminatory</u> . Specifically, the list of testing modifications indicate students are not receiving the appropriate services according to the provisions of their IEP or Section 504 Plan. This requirement presents a concern.  |                    |

## Criteria Rating for Category 2 – Please Complete

### Category #2 - Assessment of Student Progress

Local school systems and community colleges are required to provide support to all students completing a CTE program of study, which also includes students from special populations. Resources or supports must be directed to reduce performance gaps and remove barriers to student success. Career guidance with the development of a career and academic plan should be provided in order to assist each student enrolled in a career and technical education program of study with successful completion.

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(please be specific) | Person Responsible |
|--|--|--|---|--|--------------------|
| <b>CCTEP2A - Perkins Needs Assessment Scope Criteria</b> | <input type="checkbox"/> Copy of the recipient’s written guidance/case management plan (e.g. trainings provided to ensure non-discrimination, etc.) <i>The evidence for this criteria must be sure to include representation from all protected groups (e.g. disabilities, sex, race, color, national origin, and age) [same evidence requested for CCTEP1A &amp; 1D].</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copy of the recipient’s assessment plan (e.g. surveys, focus group feedback regarding intent vs. impact, etc.) <i>[same evidence requested for CCTEP1A &amp; 1D].</i>   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Calendar of career and academic counseling/case management (e.g. screenshots of online counseling, summary of case management sessions, etc.) <i>[same evidence requested for CCTEP1A &amp; 1D].</i>  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Documents demonstrating that all students complete career assessment inventories (For Local Schools Systems beginning at least by Grade 9.)   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Documentation demonstrating that all students possess a career and academic plan that is, at minimum, updated each school/program year.   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(please be specific) | Person Responsible |
|--|---|--|---|--|--------------------|
| <b>CCTEP2B – Perkins</b><br>Needs Assessment<br>evaluation of<br>access, equity, and<br>student<br>performance<br>Criteria | <input type="checkbox"/> Copies of analysis, resources or tools used to evaluate the effectiveness of CTE programs (e.g. surveys, evaluations, etc.) <i>[same evidence requested in CCTEP6A]</i> .  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Documentation demonstrating consultation among appropriate staff (and other stakeholders as appropriate) in the development and implementation of Perkins Local Applications and Improvement Plans (e.g. meeting minutes and agendas demonstrating discussion of content, etc.) <i>[same evidence requested for CCTEP4B and CCTEP6A]</i> .   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Documentation demonstrating that Program Advisory Committees, Local Advisory Committees, Agency Partners, or other sources are apprised of and discuss Perkins Core Indicators for each program for the purpose of improving program and outcomes for students (e.g. meeting minutes and agendas demonstrating discussion of content, etc.) <i>[same evidence requested for CCTEP6A]</i> . | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP2C – Perkins</b><br>Needs Assessment<br>Evaluation of<br>Progress towards<br>program<br>implementation<br>Criteria | <input type="checkbox"/> Copies of analysis, resources, or tools used to evaluate the demand for and growth of CTE programs (e.g. surveys, evaluations, etc.) <i>[same evidence requested in CCTEP6A]</i> .   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

| Criteria Area   | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(please be specific) | Person Responsible |
|---|--|--|---|--|--------------------|
| <b>CCTEP2C – Perkins</b><br>Needs Assessment<br>Evaluation of<br>Progress towards<br>program<br>implementation<br>Criteria<br>(continued) | <input type="checkbox"/> Documentation demonstrating that Program Advisory Committees, Local Advisory Committees, Agency Partners or other sources are apprised of concentrator enrollment and retention for each program for the purpose of sustaining and growing programs (e.g. meeting minutes and agendas demonstrating discussion of content, etc.) <i>[same evidence requested in CCTEP6A].</i>                         | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP2D – MOA</b><br>Services for<br>Students with<br>Disabilities Criteria  | <input type="checkbox"/> Description of how the recipient provides access to all programs, courses, services, and activities offered to students with disabilities (e.g. process for how IEP/504 Plans are identified and implemented) <i>The evidence for this criteria must be sure to encompass all genres of disabilities (e.g. hearing impairments, blind, learning disabilities, autism, physical impairments, etc.)</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Description of how equipment and/or facilities have been adapted to accommodate students with disabilities.   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Policy(ies) for providing aids and services to students including procedures for students to request reasonable accommodations and an explanation of the accommodation process.   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> List of aids and services available to students with disabilities.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Copy of policies governing use of service animals, tape recorders, note takers, etc.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |



**Maryland Consolidated Perkins and Methods of Administration  
Career and Technical Education Monitoring Review Process Rubric – Category #2**

| Criteria Area   | Evidence Submitted By Recipient<br><i>(Check all items submitted)</i>  | Acceptable   | Developing<br><i>(Check One)</i>  | Justification for Rating<br><i>(please be specific)</i> | Person Responsible |
|---|--|--|---|---|--------------------|
| <b>CCTEP2D – MOA</b><br>Services for Students with Disabilities Criteria<br>(continued) | <input type="checkbox"/> Copy of recipient’s Free and Public Education (FAPE) policy and procedures.                       | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |   |                    |
|   | <input type="checkbox"/> Policies for testing modification for students with disabilities.                                 | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |   |                    |
|   | <input type="checkbox"/> List of testing modifications that have been used by the recipient for persons with disabilities. | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |   |                    |

## Maryland Consolidated Perkins and Methods of Administration (MOA) Career and Technical Education (CTE) Monitoring Review Process Rubric

### Category #3 - Assessment of CTE Alignment with Local Workforce Needs

#### Instructions

Use this rubric to guide the review of your assigned criteria for the Consolidated Perkins & MOA Monitoring Review. The Maryland Consolidated Perkins and Methods of Administration (MOA) Monitoring Plan outlines a comprehensive evaluation-compliance-monitoring process under which each recipient's system of CTE is evaluated and progress is monitored to ensure their compliance in the equity and access of high-quality CTE for all. *Monitoring Team members will be responsible for reviewing materials, evidence and other documents to determine sufficiency in meeting compliance. Monitoring Team members will also have an opportunity to share questions and/or concerns regarding the materials, evidence, and documents provided by the recipient. Please address all questions/concerns to Dr. China Wilson, Equity & Civil Rights Compliance Specialist.*

#### Guidelines

##### Review Information

Please note team members are expected to review the Consolidated Perkins & MOA Review Criteria list and the materials, evidence, and documents provided by the recipient prior to completing the evaluation. Upon reviewing the criteria list and materials provided, team members will determine sufficiency in recipient's ability to meet compliance, based on their assigned criteria, using the rubric below.

##### Criteria Rating

Reviewers will rate the evidence for each assigned criteria indicating the level of compliance and completeness of the criteria reviewed.

Reviewers will rate each assigned criteria with an "X" as follows:

- **Acceptable** - Requirements for this criterion have been met. Evidence provided is evident and clear.
- **Developing** - Requirements for the criterion have not been met. Evidence provided is vague, missing, or inconsistent.

Under "Justification for Rating" reviewer must include an explanation from the evidence provided to support an Acceptable or Developing rating. See example [Figure 4](#) (Perkins Criteria) and [Figure 5](#) (MOA Criteria).

**Figure 4: Example of Criteria 3 Rating (Perkins Criteria)**

**Category #3 - Assessment of CTE Alignment with Local Workforce Needs**

CTE programs of study must lead to careers that are high-skill, high-wage, and/or in-demand. All CTE programs of study provide Technical Skill Assessments and work-based learning opportunities directly aligned to career preparation and placement for local workforce needs to ensure each student transitions to the workforce, postsecondary education, and/or apprenticeship programs.

| Criteria Area                                       | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable   | Developing<br>(Check One)  | Justification for Rating<br>(please be specific)  | Person Responsible |
|---|---|--|--|---|--------------------|
| CCTEP3B – Perkins Needs Assessment Quality Criteria | <input checked="" type="checkbox"/> Copy of apprenticeship, workplace, job shadowing, and/or cooperative education agreements (e.g. copies of agreements that verify opportunities to participate in work-based learning) [same evidence required for CCTEP3C]. | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent<br><br>Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input checked="" type="checkbox"/> Inconsistent | A Work-Based Learning (WBL) agreement was submitted but it does not include language that verifies opportunities for students to participate in WBL opportunities.<br><b>OR</b><br>Documentation listing the types of WBL opportunities available was submitted, but there was no WBL agreement.<br><b>OR</b><br>The WBL agreement submitted does not include a Notice of Non-Discrimination compliant with current federal standards.<br><b>OR</b><br>The WBL agreement submitted for ABC High School is <u>inconsistent</u> with compliance requirements and has been <u>determined to be discriminatory</u> . Specifically, the WBL agreement for ABC High School requires the use of a GPA for placement into a WBL opportunity. This requirement presents a concern. | Jane Doe           |

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable  | Developing<br>(Check One)  | Justification for Rating<br>(please be specific)  | Person Responsible |
|--|---|---|--|---|--------------------|
| CCTEP3B –<br>Perkins<br>Needs<br>Assessment<br>Quality Criteria<br>(continued) | <input checked="" type="checkbox"/> Documentation demonstrating that Program Advisory Committees, Local Advisory Committees, Agency Partners or other sources are consulted on Technical Skill Assessments and work-based learning experiences for each program for the purpose of ensuring direct alignment with industry preparation demands and standards (e.g. meeting minutes and agendas demonstrating discussion of content, etc.) | Evidence is:<br><input checked="" type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent            | The evidence provided is compliant.   |                    |
|  | <input checked="" type="checkbox"/> Documentation that the quality of work-based learning programs is validated to meet current occupational standards by business/industry representatives from Program Advisory Committees, Local Advisory Committees, Agency Partners or other sources (e.g. meeting minutes and agendas demonstrating discussion of content, etc.)  | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input checked="" type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | Meeting minutes and agendas were submitted, but the documents do not clearly demonstrate a discussion of the content. |                    |
|  | <input type="checkbox"/> Documentation of other linkage activities, such as dual enrollment, if applicable.   | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | N/A – No other documentation was submitted as of 12/2/2020.   |                    |



**Figure 5: Example of Criteria 3 Rating (MOA Criteria)**

**Category #3 - Assessment of CTE Alignment with Local Workforce Needs**

CTE programs of study must lead to careers that are high-skill, high-wage, and/or in-demand. All CTE programs of study provide Technical Skill Assessments and work-based learning opportunities directly aligned to career preparation and placement for local workforce needs to ensure each student transitions to the workforce, postsecondary education, and/or apprenticeship programs.

| Criteria Area  | Evidence Submitted<br><i>(Check all that apply)</i>  | Acceptable   | Developing<br><i>(Check One)</i>   | Justification for Rating<br><i>(Please be specific)</i>  | Person Responsible |
|--|--|--|--|--|--------------------|
| <b>CCTEP3C – MOA</b><br>Work-Based Learning Criteria | <input type="checkbox"/> Copy of apprenticeship, workplace, job shadowing, and/or cooperative education agreements (e.g. copies of agreements that verify work-based learning opportunities are non-discriminatory). | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input checked="" type="checkbox"/> Inconsistent<br><br>Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The Work-Based Learning (WBL) agreement submitted for ABC High School is <u>inconsistent</u> with compliance requirements and has been <u>determined to be discriminatory</u> . Specifically, the WBL agreement for ABC High School require the use of a GPA for placement into a WBL opportunity. This requirement presents a concern.<br><br><b>OR</b><br>No Work-Based Learning (WBL) forms or materials were submitted. No response received for requests for submissions as of 12/2/2020.<br><br><b>OR</b><br>The WBL agreement submitted does not include a Notice of Non-Discrimination compliant with current federal standards. | John Doe           |

### Criteria Rating for Category 3 – Please Complete

#### Category #3 - Assessment of CTE Alignment with Local Workforce Needs

CTE programs of study must lead to careers that are high-skill, high-wage, and/or in-demand. All CTE programs of study provide Technical Skill Assessments and work-based learning opportunities directly aligned to career preparation and placement for local workforce needs to ensure each student transitions to the workforce, postsecondary education, and/or apprenticeship programs.

| Criteria Area   | Evidence Submitted<br>(Check all that apply)   | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|---|--|--|---|--|--------------------|
| CCTEP3A – Perkins<br>Needs assessment<br>alignment of<br>workforce and/or<br>economic needs<br>Criteria | <input type="checkbox"/> Regional/local data verifying high skill, high wage, or in-demand occupations criteria for locally developed programs not meeting State criteria.   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Documentation that the content of each locally-developed CTE program of study is validated to meet current occupational standards by business/industry representatives from Program Advisory Committees, Local Advisory Committees, Agency Partners or other sources (e.g. meeting minutes and agendas demonstrating discussion of content, etc.)                                   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Documentation demonstrating consultation among appropriate staff (and other stakeholders as appropriate) in the development of transition plans for students to State-Approved programs of study that meet high-skill, high-wage, or in-demand occupation criteria (e.g. meeting minutes and agendas demonstrating discussion of content, etc.) <i>(Local Schools Systems Only)</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

| Criteria Area  | Evidence Submitted<br>(Check all that apply)   | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|--|--|--|---|--|--------------------|
| <b>CCTEP3B – Perkins Needs Assessment Quality Criteria</b> | <input type="checkbox"/> Copy of apprenticeship, workplace, job shadowing, and/or cooperative education agreements (e.g. copies of agreements that verify opportunities to participate in work-based learning) [same evidence required for CCTEP3C].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Documentation demonstrating that Program Advisory Committees, Local Advisory Committees, Agency Partners or other sources are consulted on Technical Skill Assessments and work-based learning experiences for each program for the purpose of ensuring direct alignment with industry preparation demands and standards (e.g. meeting minutes and agendas demonstrating discussion of content, etc.) | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Documentation that the quality of work-based learning programs is validated to meet current occupational standards by business/industry representatives from Program Advisory Committees, Local Advisory Committees, Agency Partners or other sources (e.g. meeting minutes and agendas demonstrating discussion of content, etc.)  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Documentation of other linkage activities, such as dual enrollment, if applicable.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP3C – MOA Work-Based Learning Criteria</b>          | <input type="checkbox"/> Copy of apprenticeship, workplace, job shadowing, and/or cooperative education agreements (e.g. copies of agreements that verify work-based learning opportunities are non-discriminatory).   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

## Maryland Consolidated Perkins and Methods of Administration (MOA) Career and Technical Education (CTE) Monitoring Review Process Rubric

### Category #4 - Curriculum and Instruction

#### Instructions

Use this rubric to guide the review of your assigned criteria for the Consolidated Perkins & MOA Monitoring Review. The Maryland Consolidated Perkins and Methods of Administration (MOA) Monitoring Plan outlines a comprehensive evaluation-compliance-monitoring process under which each recipient's system of CTE is evaluated and progress is monitored to ensure their compliance in the equity and access of high-quality CTE for all. *Monitoring Team members will be responsible for reviewing materials, evidence and other documents to determine sufficiency in meeting compliance. Monitoring Team members will also have an opportunity to share questions and/or concerns regarding the materials, evidence, and documents provided by the recipient. Please address all questions/concerns to Dr. China Wilson, Equity & Civil Rights Compliance Specialist.*

#### Guidelines

##### Review Information

Please note team members are expected to review the Consolidated Perkins & MOA Review Criteria list and the materials, evidence, and documents provided by the recipient prior to completing the evaluation. Upon reviewing the criteria list and materials provided, team members will determine sufficiency in recipient's ability to meet compliance, based on their assigned criteria, using the rubric below.

##### Criteria Rating

Reviewers will rate the evidence for each assigned criteria indicating the level of compliance and completeness of the criteria reviewed. Reviewers will rate each assigned criteria with an "X" as follows:

- **Acceptable** - Requirements for this criterion have been met. Evidence provided is evident and clear.
- **Developing** - Requirements for the criterion have not been met. Evidence provided is vague, missing, or inconsistent.

Under "Justification for Rating" reviewer must include an explanation from the evidence provided to support an Acceptable or Developing rating. See example [Figure 6](#).

**Figure 6: Example of Criteria 4 Rating (Perkins Criteria)**

**Category #4 - Curriculum and Instruction**

Local School Systems and Community Colleges must provide all students with high-quality CTE programs of study that provide safety & health, technical, academic, and employability knowledge and skills. All students must be provided with strong experiences in and an understanding of all aspects of industry and linkages between secondary and postsecondary programs.

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable  | Developing<br>(Choose One)   | Justification for Rating<br>(Please be specific)  | Person Responsible |
|--|---|---|--|---|--------------------|
| <b>CCTEP4A – Perkins Needs Assessment Size Criteria</b>  | <input checked="" type="checkbox"/> Documentation demonstrating that each approved CTE program of study has a minimum enrollment of ten concentrators over a four-year period (e.g. course/ program enrollment data). <i>State data will be used to validate submissions.</i> | Evidence is:<br><input checked="" type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent            | The evidence provided is compliant.   | Jane Doe           |
|  | <input checked="" type="checkbox"/> Course Selection Guide, college catalogs, CTE brochures, etc. that document courses required for CTE programs of study completion.  | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The documentation submitted does not include a college catalog and CTE brochures.   |                    |
|  | <input checked="" type="checkbox"/> Documentation of continued progress toward attainment of increased class size if minimum requirement has not been met (e.g. course enrollment data, documentation of steps taken to make progress, etc.).                                 | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input checked="" type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The course enrollment data submitted does not clearly outline a continued progress toward attainment of increased class size. |                    |
| <b>CCTEP4B – Perkins Needs Assessment Scope Criteria</b> | <input checked="" type="checkbox"/> List of locally developed programs of study that are accredited/aligned to industry standards (e.g. course/program catalog, ACF, ASE, PrintEd, Cosmetology, NCCER).   | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The list of locally developed programs of study submitted do not align to industry standards.                                 | John Doe           |

| Criteria Area   | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable  | Developing<br>(Choose One)   | Justification for Rating<br>(Please be specific)  | Person Responsible |
|---|--|---|--|---|--------------------|
| CCTEP4B – Perkins Needs Assessment Scope Criteria (continued) | <input type="checkbox"/> List of locally-developed programs of study with 3rd party partners (e.g. ASE, PLTW, etc.) that developed/provided curriculum (e.g. course/program catalog).  | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | No documentation was submitted.   | John Doe           |
|   | <input checked="" type="checkbox"/> Documentation of how standardized state assessments, technical skills assessments and/or other academic assessment results are used to design instructional and support services in CTE programs (e.g. lesson plans, curriculum plans, etc.).  | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input checked="" type="checkbox"/> Inconsistent | The lessons plans and curriculum are inconsistent and do not include the same explanation throughout the documents regarding how standardized state assessments, technical skills assessments and/or other academic assessment results are used to design instructional and support services. |                    |
|   | <input checked="" type="checkbox"/> Documentation demonstrating consultation among appropriate staff (and other stakeholders as appropriate) in the development and implementation of Perkins Local Applications and Improvement Plans (e.g. meeting minutes and agendas demonstrating discussion of content, etc.) [same evidence requested for CCTEP2A and CCTEP6A]. | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input checked="" type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | Meeting minutes provided to ensure that stakeholders discussed the development and implementation of Perkins Local Applications and Improvement Plans do not clearly outline a discussion of the content.   |                    |
|   | <input checked="" type="checkbox"/> Locally-developed CTE program checklist for CTE Standards based on COMAR. All CTE secondary programs of study must adhere to CTE Development Standards which are required by Code of Maryland Regulations 13A.04.02.01. (Local School Systems Only)  | Evidence is:<br><input checked="" type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent            | The evidence provided is compliant.   |                    |

### Criteria Rating for Category 4 – Please Complete

#### Category #4 - Curriculum and Instruction

Local School Systems and Community Colleges must provide all students with high-quality CTE programs of study that provide safety & health, technical, academic, and employability knowledge and skills. All students must be provided with strong experiences in and an understanding of all aspects of industry and linkages between secondary and postsecondary programs.

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|--|---|--|---|--|--------------------|
| <b>CCTEP4A – Perkins Needs Assessment Size Criteria</b>  | <input type="checkbox"/> Documentation demonstrating that each approved CTE program of study has a minimum enrollment of ten concentrators over a four-year period (e.g. course/program enrollment data). <i>State data will be used to validate submissions.</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Course Selection Guide, college catalogs, CTE brochures, etc. that document courses required for CTE programs of study completion.   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Documentation of continued progress toward attainment of increased class size if minimum requirement has not been met (e.g. course enrollment data, documentation of steps taken to make progress, etc.).                                | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP4B – Perkins Needs Assessment Scope Criteria</b> | <input type="checkbox"/> List of locally-developed programs of study that are accredited/aligned to industry standards (e.g. course/program catalog, ACF, ASE, PrintEd, Cosmetology, NCCER).  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> List of locally-developed programs of study with 3rd party partners (e.g. ASE, PLTW, etc.) that developed/provided curriculum (e.g. course/program catalog).   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

**Category #4 - Curriculum and Instruction**

Local School Systems and Community Colleges must provide all students with high-quality CTE programs of study that provide safety & health, technical, academic, and employability knowledge and skills. All students must be provided with strong experiences in and an understanding of all aspects of industry and linkages between secondary and postsecondary programs.

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|--|---|--|---|--|--------------------|
| <b>CCTEP4B – Perkins Needs Assessment Scope Criteria (continued)</b> | <input type="checkbox"/> Documentation of how standardized state assessments, technical skills assessments and/or other academic assessment results are used to design instructional and support services in CTE programs (e.g. lesson plans, curriculum plans, etc.).  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Documentation demonstrating consultation among appropriate staff (and other stakeholders as appropriate) in the development and implementation of Perkins Local Applications and Improvement Plans (e.g. meeting minutes and agendas demonstrating discussion of content, etc.)<br><i>[same evidence requested for CCTEP2A and CCTEP6A].</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Locally-developed CTE program checklist for CTE Standards based on COMAR. All CTE secondary programs of study must adhere to CTE Development Standards which are required by Code of Maryland Regulations 13A.04.02.01. ( <i>Local School Systems Only</i> )   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP4C – Perkins Needs Assessment Quality Criteria</b>           | <input type="checkbox"/> Evidence that professional learning specific to CTE programs is available to CTE teachers/faculty (e.g. description of professional learning and calendar of events for past 2 years, minutes, agendas, etc.).   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |



|  |  |  |   |  |  |
|--|--|--|---|--|--|
|  | <input type="checkbox"/> Staff report listings on the number of teachers who are not certified (on a provisional or conditional) along with justification for non-certification and plans to support these teachers towards earning the certification.<br><i>(Local School Systems Only)</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |  |
|  | <input type="checkbox"/> CTE faculty spreadsheet identifying faculty name, program taught, qualifications, and any additional qualifications required by third party accreditors.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |  |
|  | <input type="checkbox"/> Policies and requirements for professional learning for CTE teachers/faculty by programs of study.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |  |

## Maryland Consolidated Perkins and Methods of Administration (MOA) Career and Technical Education (CTE) Monitoring Review Process Rubric

### Category #5 - CTE Capacity, Resources, and Instructional Facilities

#### Instructions

Use this rubric to guide the review of your assigned criteria for the Consolidated Perkins & MOA Monitoring Review. The Maryland Consolidated Perkins and Methods of Administration (MOA) Monitoring Plan outlines a comprehensive evaluation-compliance-monitoring process under which each recipient's system of CTE is evaluated and progress is monitored to ensure their compliance in the equity and access of high-quality CTE for all. *Monitoring Team members will be responsible for reviewing materials, evidence and other documents to determine sufficiency in meeting compliance. Monitoring Team members will also have an opportunity to share questions and/or concerns regarding the materials, evidence, and documents provided by the recipient. Please address all questions/concerns to Dr. China Wilson, Equity & Civil Rights Compliance Specialist.*

#### Guidelines

##### Review Information

Please note team members are expected to review the Consolidated Perkins & MOA Review Criteria list and the materials, evidence, and documents provided by the recipient prior to completing the evaluation. Upon reviewing the criteria list and materials provided, team members will determine sufficiency in recipient's ability to meet compliance, based on their assigned criteria, using the rubric below.

##### Criteria Rating

Reviewers will rate the evidence for each assigned criteria indicating the level of compliance and completeness of the criteria reviewed. Reviewers will rate each assigned criteria with an "X" as follows:

- **Acceptable** - Requirements for this criterion have been met. Evidence provided is evident and clear.
- **Developing** - Requirements for the criterion have not been met. Evidence provided is vague, missing, or inconsistent.

Under "Justification for Rating" reviewer must include an explanation from the evidence provided to support an Acceptable or Developing rating. See example [Figure 7](#) (MOA Criteria) and [Figure 8](#) (Perkins Criteria).

**Figure 7: Example of Criteria 5 Rating (MOA Criteria)**

**Category #5 - CTE Capacity, Resources, and Instructional Facilities**

Local School Systems and Community colleges have adequate financial and human resources as well as instructional facilities to meet the needs of all students enrolled in all CTE programs of study. Local School Systems and Community Colleges must also meet current industry and occupational safety and health administration standards.

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable   | Developing<br>(Check One)  | Justification for Rating<br>(Please be specific)  | Person Responsible |
|--|---|--|--|---|--------------------|
| CCTEP5A – MOA<br>Site Location and<br>Facilities<br>Selection Criteria | <input checked="" type="checkbox"/> Admissions/Placement policy for CTE and description of admissions/placement process (e.g. description of strategies used, social media outreach, etc.). <i>Please note: The evidence for this criteria must be sure to include representation from all protected groups (e.g. disabilities, sex, race, color, national origin, and age) [same evidence requested for CCTEP1A &amp; 1C].</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input checked="" type="checkbox"/> Inconsistent | The admissions policy submitted does not appear to discriminate based on race, color, or national origin. However, the admissions practices of ABC High School have are <u>inconsistent</u> with compliance requirements and has been <u>determined to be discriminatory</u> . Specifically, the admissions practices for ABC High School require the use of a GPA for admission into CTE programs of study. This requirement presents a concern. | Jane Doe           |
|  | <input checked="" type="checkbox"/> Procedures and criteria for selective admissions/placement to CTE programs where there are more applicants than can be accommodated [same evidence requested for CCTEP1A & 1C].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input checked="" type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The documentation submitted does not clearly outline the recipient’s procedures and criteria for selective admissions/ placement to CTE programs where there are more applicants than can be accommodated.  |                    |
|  | <input checked="" type="checkbox"/> Copy of student enrollment/placement demographics by program. (May be requested from MSDE)  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input checked="" type="checkbox"/> Inconsistent | This documentation was requested by MSDE along with the admissions policy and the student enrollment/placement demographics by program are disproportionately low for ELL students. This documentation is <u>inconsistent</u> with compliance requirements and has been <u>found to be discriminatory</u> .   |                    |
|  | <input type="checkbox"/> Population demographics of recipient’s attendance area or local community. (May be requested from MSDE)  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent            | N/A - MSDE has not requested this information as of 12/2/2020.  |                    |

**Figure 8: Example of Criteria 5 Rating (Perkins Criteria)**

**Category #5 - CTE Capacity, Resources, and Instructional Facilities**

Local School Systems and Community colleges have adequate financial and human resources as well as instructional facilities to meet the needs of all students enrolled in all CTE programs of study. Local School Systems and Community Colleges must also meet current industry and occupational safety and health administration standards.

| Criteria Area                                     | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable  | Developing<br>(Select One)   | Justification for Rating<br>(Please be specific)   | Person Responsible |
|---|---|---|--|--|--------------------|
| CCTEP5C – Perkins Needs Assessment Scope Criteria | <input checked="" type="checkbox"/> List of CTE teachers who work with CTE students by programs of study and student to teacher ratio.  | Evidence is:<br><input checked="" type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent            | The evidence provided is compliant.  | John Doe           |
|   | <input checked="" type="checkbox"/> List of equipment/supplies needed for each program of study and by class student to equipment/supplies ratio.   | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The documentation provided does not include a comprehensive list of equipment/supplies needed for all programs of study by class/student to equipment/ supplies ratio.                   |                    |
|   | <input checked="" type="checkbox"/> Program budgets for each program of study indicating adequate financial resources to operate program with respect to staff, supplies, equipment, and facilities.  | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input checked="" type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The document provided indicates adequate financial resources to operate program with respect to staff and supplies, but there is very little information about equipment and facilities. |                    |
|   | <input checked="" type="checkbox"/> Any other documentation showing that the recipient has adequate staff, supplies, equipment, and access to facilities to enable the programs to meet current industry and OSHA standards (e.g. evaluations, assessment of programs, etc.). | Evidence is:<br><input checked="" type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent            | The evidence provided is compliant.  |                    |

### Criteria Rating for Category 5 – Please Complete

#### Category #5 - CTE Capacity, Resources, and Instructional Facilities

Local School Systems and Community colleges have adequate financial and human resources as well as instructional facilities to meet the needs of all students enrolled in all CTE programs of study. Local School Systems and Community Colleges must also meet current industry and occupational safety and health administration standards.

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|--|--|--|---|--|--------------------|
| CCTEP5A – MOA<br>Site Location and<br>Facilities Selection<br>Criteria | <input type="checkbox"/> Admissions/Placement policy for CTE and description of admissions/placement process (e.g. description of strategies used, social media outreach, etc.). <i>Please note: The evidence for this criteria must be sure to include representation from all protected groups (e.g. disabilities, sex, race, color, national origin, and age) [same evidence requested for CCTEP1A &amp; 1C].</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Procedures and criteria for selective admissions/placement to CTE programs where there are more applicants than can be accommodated [same evidence requested for CCTEP1A & 1C].   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copy of student enrollment/placement demographics by program. (May be requested from MSDE)  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Population demographics of recipient’s attendance area or local community. (May be requested from MSDE)   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

| Criteria Area   | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|---|--|--|---|--|--------------------|
| CCTEP5B – MOA<br>Housing in<br>Postsecondary<br>Institutions<br>(Postsecondary<br>Only) | <input type="checkbox"/> Copy of policies or description of process for making all students aware of housing opportunities to include how recipient will ensure accessible housing is provided (e.g. description of process used such as brochures, handouts, social media outreach, flyers, housing application, etc.). | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Copy of housing application   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| CCTEP5C –<br>Perkins<br>Needs<br>Assessment Scope<br>Criteria                           | <input type="checkbox"/> List of CTE teachers who work with CTE students by programs of study and student to teacher ratio.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> List of equipment/supplies needed for each program of study and by class student to equipment/supplies ratio.   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Program budgets for each program of study indicating adequate financial resources to operate program with respect to staff, supplies, equipment, and facilities.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Any other documentation showing that the recipient has adequate staff, supplies, equipment, and access to facilities to enable the programs to meet current industry and OSHA standards (e.g. evaluations, assessment of programs, etc.).   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| CCTEP5D –<br>Perkins<br>Needs<br>Assessment<br>Quality Criteria                         | <input type="checkbox"/> Employee recruitment policies <i>[same evidence requested for CCTEP5E]</i> .  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

| Criteria Area   | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|---|--|--|---|--|--------------------|
| CCTEP5D – Perkins Needs Assessment Quality Criteria (Continued) | <input type="checkbox"/> Outline of Employee hiring process  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Documentation demonstrating consultation among appropriate staff (and other stakeholders as appropriate) on the evaluation of CTE teacher/faculty retention rates and plans to address needed improvement (e.g. meeting minutes and agendas demonstrating discussion of content, etc.). | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| CCTEP5E – MOA Employment of Faculty & Staff Criteria            | <input type="checkbox"/> Copy of employee handbooks  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Example job announcement  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Employee recruitment policies   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Copy of employment applications   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Salary schedule   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Promotion or tenure policy  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|--|--|--|---|--|--------------------|
| <b>CCTEP5F – MOA</b><br>Accessibility of Facilities Criteria | <input type="checkbox"/> Copy of the Americans with Disability Act (ADA) accessibility self-study. (Provided by MSDE)  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copy of the ADA transition plan (e.g. documentation of recipient's (or hosting facility's) responsibility to make students aware of accommodations/accessibility, copies of procedures and process for making facilities accessible and ADA compliant, etc.)                    | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Listing or description of facility modifications with dates made to assure accessibility compliance. (For On-Site Compliance Reviews Only) Please note: This will occur after an on-site compliance review has been conducted and accessibility violations have been identified | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copy of a notice of facility accessibility for activities/patron request for special requirements that lists a point of contact for accessibility requests (e.g. notice indicating facilities are accessible for events/activities, etc.).                                      | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP5G – MOA</b><br>Comparable Facilities Criteria       | <input type="checkbox"/> Listing of separate programs, services, and/or facilities for students with disabilities.   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Listing of separate programs, services, and/or facilities for male and female students.   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |





**Maryland Consolidated Perkins and Methods of Administration  
Career and Technical Education Monitoring Review Process Rubric – Category #5**

| Criteria Area   | Evidence Submitted By Recipient<br><i>(Check all items submitted)</i>  | Acceptable   | Developing<br><i>(Check One)</i>  | Justification for Rating<br><i>(Please be specific)</i> | Person Responsible |
|---|--|--|---|---|--------------------|
| <b>CCTEP5G – MOA</b><br>Comparable Facilities Criteria<br>(Continued)         | <input type="checkbox"/> Listing of separate programs, services, and/or facilities for English Learner students.   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |   |                    |
|   | <input type="checkbox"/> Description of action taken to ensure no disparities exist in programs, services, and/or facilities for students with disabilities, male/female students, or English Learner students (e.g. documentation of recipient’s (or hosting facility’s) responsibility to make students aware of accommodations/ accessibility, copies of procedures and process for making facilities accessible and ADA compliant, etc.) | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |   |                    |
| <b>CCTEP5H – MOA</b><br>Financial Assistance Criteria<br>(Postsecondary ONLY) | <input type="checkbox"/> Copy of policies or description of process for making all students aware of financial assistance opportunities (e.g. description of process used such as brochures, handouts, social media outreach, flyers, financial assistance application, etc.)  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |   |                    |

## Maryland Consolidated Perkins and Methods of Administration (MOA) Career and Technical Education (CTE) Monitoring Review Process Rubric

### Category #6 - Program Plan and Evaluation

#### Instructions

Use this rubric to guide the review of your assigned criteria for the Consolidated Perkins & MOA Monitoring Review. The Maryland Consolidated Perkins and Methods of Administration (MOA) Monitoring Plan outlines a comprehensive evaluation-compliance-monitoring process under which each recipient's system of CTE is evaluated and progress is monitored to ensure their compliance in the equity and access of high-quality CTE for all. *Monitoring Team members will be responsible for reviewing materials, evidence and other documents to determine sufficiency in meeting compliance. Monitoring Team members will also have an opportunity to share questions and/or concerns regarding the materials, evidence, and documents provided by the recipient. Please address all questions/concerns to Dr. China Wilson, Equity & Civil Rights Compliance Specialist.*

#### Guidelines

##### Review Information

Please note, team members are expected to review the Consolidated Perkins & MOA Review Criteria list and the materials, evidence, and documents provided by the recipient prior to completing the evaluation. Upon reviewing the criteria list and materials provided, team members will determine sufficiency in recipient's ability to meet compliance, based on their assigned criteria, using the rubric below.

##### Criteria Rating

Reviewers will rate the evidence for each assigned criteria indicating the level of compliance and completeness of the criteria reviewed. Reviewers will rate each assigned criteria with an "X" as follows:

- **Acceptable** - Requirements for this criterion have been met. Evidence provided is evident and clear.
- **Developing** - Requirements for the criterion have not been met. Evidence provided is vague, missing, or inconsistent.

Under "Justification for Rating" reviewer must include an explanation from the evidence provided to support an Acceptable or Developing rating. See example [Figure 9](#).

**Figure 9: Example of Criteria 6 Rating (Perkins Criteria)**

**Category #6 - Program Plan and Evaluation**

Local school systems and Community Colleges must conduct an evaluation of progress towards the implementation of CTE programs of study. This includes a backward and forward review of all programs of study offered along with Federal and State evaluation requirements.

| Criteria Area   | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable  | Developing<br>(Check One)  | Justification for Rating<br>(Please be specific)   | Person Responsible |
|---|---|---|--|--|--------------------|
| <b>CCTEP6A – Perkins Needs Assessment</b><br>Evaluation of Progress Towards Program Implementation Criteria | <input checked="" type="checkbox"/> Documentation demonstrating consultation among appropriate staff (and other stakeholders as appropriate) in the development and implementation of Perkins Local Applications and Improvement Plans (e.g. meeting minutes and agendas demonstrating discussion of content, etc.) <i>[same evidence requested in CCTEP2B and CCTEP4B]</i> .                                       | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input checked="" type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | Meeting minutes provided to ensure that stakeholders discussed the Perkins Core Indicators for each program does not clearly outline a discussion of the content.  | Jane Doe           |
|   | <input type="checkbox"/> Copies of analysis, resources or tools used to evaluate the effectiveness of CTE programs (e.g. surveys, evaluations, etc.) <i>[same evidence requested in CCTEP2B]</i> .  | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | No documentation was submitted.  |                    |
|   | <input checked="" type="checkbox"/> Copies of analysis, resources, or tools used to evaluate the demand for and growth of CTE programs (e.g. surveys, evaluations, etc.) <i>[same evidence requested in CCTEP2C]</i> .  | Evidence is:<br><input checked="" type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent            | The evidence provided is compliant.  |                    |
|   | <input checked="" type="checkbox"/> Documentation demonstrating that Program Advisory Committees, Local Advisory Committees, Agency Partners, or other sources are apprised of concentrator enrollment and retention for each program for the purpose of sustaining and growing programs (e.g. meeting minutes and agendas demonstrating discussion of content, etc.) <i>[same evidence requested in CCTEP2C]</i> . | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input checked="" type="checkbox"/> Inconsistent | The agenda and meeting minutes submitted are inconsistent and do not clearly outline on each document where stakeholders were apprised of concentrator enrollment and retention for each program for the purpose of sustaining and growing programs. Specifically, the information listed on the agenda does not include the same information listed in the minutes. |                    |

| Criteria Area   | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable  | Developing<br>(Check One)  | Justification for Rating<br>(Please be specific)   | Person Responsible |
|---|--|---|--|--|--------------------|
| <b>CCTEP6A – Perkins Needs Assessment Evaluation of Progress Towards Program Implementation Criteria</b><br>(continued) | <input type="checkbox"/> Documentation demonstrating that Program Advisory Committees, Local Advisory Committees, Agency Partners or other sources are apprised of and discuss Perkins Core Indicators for each program for the purpose of improving the program and outcomes for students (e.g. meeting minutes and agendas demonstrating discussion of content, etc.) <i>[same evidence requested for CCTEP2B]</i> . | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | No documentation was submitted.  | Jane Doe           |
| <b>CCTEP6B – Perkins Need Assessment Quality Criteria</b>   | <input checked="" type="checkbox"/> Documentation that the quality of each program is locally validated to maintain current occupational standards by business/industry representatives from Program Advisory Committees, Local Advisory Committees, Agency Partners or other sources (e.g. meeting minutes and agendas demonstrating discussion of content, etc.).  | Evidence is:<br><input checked="" type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent            | The evidence provided is compliant.  | John Doe           |
|   | <input checked="" type="checkbox"/> Copies of instruments, material or resources used to evaluate the quality and effectiveness of CTE programs of study (e.g. surveys, evaluations, etc.).  | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The evaluations submitted do not include a description of how the recipient evaluates the quality and effectiveness of CTE programs of study |                    |

### Criteria Rating for Category 6 – Please Complete

#### Category #6 - Program Plan and Evaluation

Local school systems and Community Colleges must conduct an evaluation of progress towards the implementation of CTE programs of study. This includes a backward and forward review of all programs of study offered along with Federal and State evaluation requirements.

| Criteria Area   | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|---|---|--|---|--|--------------------|
| CCTEP6A – Perkins Needs Assessment Evaluation of Progress Towards Program Implementation Criteria | <input type="checkbox"/> Documentation demonstrating consultation among appropriate staff (and other stakeholders as appropriate) in the development and implementation of Perkins Local Applications and Improvement Plans (e.g. meeting minutes and agendas demonstrating discussion of content, etc.) <i>[same evidence requested in CCTEP2B and CCTEP4B].</i>                                       | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Copies of analysis, resources or tools used to evaluate the effectiveness of CTE programs (e.g. surveys, evaluations, etc.) <i>[same evidence requested in CCTEP2B].</i>   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Copies of analysis, resources, or tools used to evaluate the demand for and growth of CTE programs (e.g. surveys, evaluations, etc.) <i>[same evidence requested in CCTEP2C].</i>  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Documentation demonstrating that Program Advisory Committees, Local Advisory Committees, Agency Partners, or other sources are apprised of concentrator enrollment and retention for each program for the purpose of sustaining and growing programs (e.g. meeting minutes and agendas demonstrating discussion of content, etc.) <i>[same evidence requested in CCTEP2C].</i> | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |



**Maryland Consolidated Perkins and Methods of Administration  
Career and Technical Education Monitoring Review Process Rubric – Category #6**

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|--|--|--|---|--|--------------------|
| <b>CCTEP6A – Perkins Needs Assessment</b><br>Evaluation of Progress Towards Program Implementation Criteria<br>(Continued) | <input type="checkbox"/> Documentation demonstrating that Program Advisory Committees, Local Advisory Committees, Agency Partners or other sources are apprised of and discuss Perkins Core Indicators for each program for the purpose of improving the program and outcomes for students (e.g. meeting minutes and agendas demonstrating discussion of content, etc.) <i>[same evidence requested for CCTEP2B]</i> . | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP6B – Perkins Need Assessment</b><br>Quality Criteria   | <input type="checkbox"/> Documentation that the quality of each program is locally validated to maintain current occupational standards by business/industry representatives from Program Advisory Committees, Local Advisory Committees, Agency Partners or other sources (e.g. meeting minutes and agendas demonstrating discussion of content, etc.).   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Copies of instruments, material or resources used to evaluate the quality and effectiveness of CTE programs of study (e.g. surveys, evaluations, etc.).   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP6C - Perkins Expert Review Team Criteria</b>   | <input type="checkbox"/> Meeting presentations, agendas or minutes demonstrating discussion of content.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

## Maryland Consolidated Perkins and Methods of Administration (MOA) Career and Technical Education (CTE) Monitoring Review Process Rubric

### Category #7 - Reporting and Record Keeping

#### Instructions

Use this rubric to guide the review of your assigned criteria for the Consolidated Perkins & MOA Monitoring Review. The Maryland Consolidated Perkins and Methods of Administration (MOA) Monitoring Plan outlines a comprehensive evaluation-compliance-monitoring process under which each recipient's system of CTE is evaluated and progress is monitored to ensure their compliance in the equity and access of high-quality CTE for all. *Monitoring Team members will be responsible for reviewing materials, evidence and other documents to determine sufficiency in meeting compliance. Monitoring Team members will also have an opportunity to share questions and/or concerns regarding the materials, evidence, and documents provided by the recipient. Please address all questions/concerns to Dr. China Wilson, Equity & Civil Rights Compliance Specialist.*

#### Guidelines

##### Review Information

Please note, team members are expected to review the Consolidated Perkins & MOA Review Criteria list and the materials, evidence, and documents provided by the recipient prior to completing the evaluation. Upon reviewing the criteria list and materials provided, team members will determine sufficiency in recipient's ability to meet compliance, based on their assigned criteria, using the rubric below.

##### Criteria Rating

Reviewers will rate the evidence for each assigned criteria indicating the level of compliance and completeness of the criteria reviewed. Reviewers will rate each assigned criteria with an "X" as follows:

- **Acceptable** - Requirements for this criterion have been met. Evidence provided is evident and clear.
- **Developing** - Requirements for the criterion have not been met. Evidence provided is vague, missing, or inconsistent.

Under "Justification for Rating" reviewer must include an explanation from the evidence provided to support an Acceptable or Developing rating. See example [Figure 10](#).

**Figure 10: Example of Criteria 7 Rating (Perkins Criteria)**

**Category #7 - Reporting and Record Keeping**

Local School Systems and Community Colleges must adequately maintain internal processes to provide accurate and timely financial, grant, program, and student data reports.

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable  | Developing<br>(Check One)  | Justification for Rating<br>(Please be specific)   | Person Responsible |
|--|---|---|--|--|--------------------|
| <b>CCTEP7B – Perkins Grant and Program Reporting and Record Keeping Criteria</b> | <input checked="" type="checkbox"/> Documentation of internal process that allows recipient to monitor and ensure adherence of improvement plans (e.g. standard operating procedures (SOPs), etc.).   | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input checked="" type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The timeline provided does not clearly point out their established process to complete these items in an accurate and timely manner. | Jane Doe           |
|  | <input checked="" type="checkbox"/> Documentation of the established process used to complete, submit, amend, and monitor local plans, applications, program proposal, and TSA proposals in an accurately and timely manner (e.g. timelines, outlines, etc.).   | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The outlines submitted does not include information about TSA proposals.   |                    |
| <b>CCTEP7C – Perkins Financial Reporting and Record Keeping Criteria</b>         | <input checked="" type="checkbox"/> List of all products that have been developed with Perkins Act allocation grant funding in the current school/program year and preceding school/program year, if applicable. (Final Report will be used by MSDE as evidence for preceding school/program year. If Final Narrative was submitted within the last 3 months, no submission will be required and the Final Narratives for the last 2 years will be used as evidence.) | Evidence is:<br><input checked="" type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent            | The evidence provided is compliant.  | John Doe           |
|  | <input type="checkbox"/> Job Descriptions for all Perkins Act allocation grant funded positions.  | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | Job descriptions were not submitted.   |                    |



| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable  | Developing<br>(Check One)  | Justification for Rating<br>(Please be specific)  | Person Responsible |
|--|--|---|--|---|--------------------|
| CCTEP7C – Perkins<br>Financial Reporting and<br>Record Keeping Criteria<br>(continued) | <input checked="" type="checkbox"/> Personnel/staff activity reports of any staff (s) time spent in activities charged to the Perkins grant, and how time charged to the Perkins grant supported Perkins activities.   | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input checked="" type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | Personnel reports do not clearly outline how time charged to the Perkins grant supported Perkins activities   | John Doe           |
|  | <input checked="" type="checkbox"/> Documentation that Perkins funds are being used in accordance with statutory fund-use rules, including supplement not supplant provisions (Approved Local Plan with detailed budget and Final Narrative (if submitted with the last 3 months) will be used by MSDE.) | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input checked="" type="checkbox"/> Inconsistent | Documentation provided indicates that the use of Perkins funds is inconsistent with statutory fund-use rules. |                    |
|  | <input checked="" type="checkbox"/> Documentation of internal inventory system that allows recipient to track and identify items purchased with Perkins funding and provide accurate and timely submission of Annual Equipment Inventory Reports.  | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input type="checkbox"/> Missing<br><input checked="" type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | The spreadsheet submitted does not clearly identify items purchased with Perkins funding.                     |                    |
|  | <input checked="" type="checkbox"/> Documentation of internal checks and balances system to ensure that grants are appropriately expended.   | Evidence is:<br><input type="checkbox"/> Clear/Evident            | Evidence is:<br><input checked="" type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent | Documentation of internal checks and balances system was not submitted.                                       |                    |
|  | <input checked="" type="checkbox"/> Recipient has not returned unspent 5% or more of Perkins allocation.   | Evidence is:<br><input checked="" type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent            | The evidence provided is compliant.   |                    |

### Criteria Rating for Category 7 - Please Complete

#### Category #7 - Reporting and Record Keeping

Local School Systems and Community Colleges must adequately maintain internal processes to provide accurate and timely financial, grant, program, and student data reports.

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|--|--|--|---|--|--------------------|
| <b>CCTEP7A – Perkins</b><br>Data Reporting and Record Keeping Criteria | <input type="checkbox"/> Process used to enroll students in CTE courses, including the names/roles of the individuals involved.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Process used to assign CTE Course SCED (School Courses for the Exchange of Data) codes to local course codes, including the names/roles of the individuals involved. ( <i>Local School Systems Only</i> ) | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Process used to collect and enter CTE data elements in required State file submissions, including the names/roles of the individuals involved.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Process to ensure accurate CIP, SCED ( <i>Local School Systems Only</i> ) and TSA codes reported for all CTE students each year.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Process to ensure accurate cumulative CTE concentrator and TSA counts are reported for CTE students each year.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

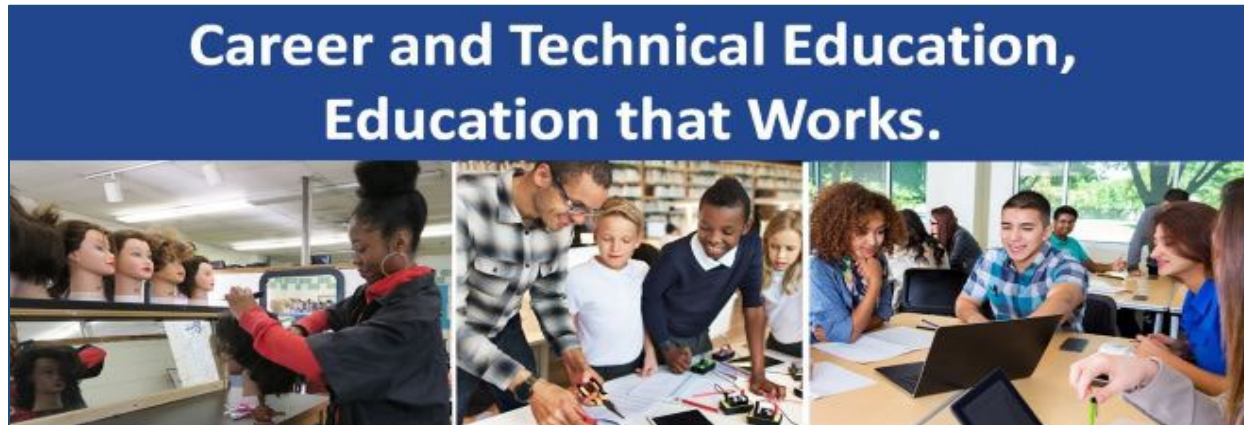
| Criteria Area   | Evidence Submitted By Recipient<br>(Check all items submitted)   | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|---|--|--|---|--|--------------------|
| <b>CCTEP7A – Perkins</b><br>Data Reporting and Record Keeping Criteria (continued)  | <input type="checkbox"/> Documentation demonstrating that stakeholders are apprised of and discuss local and state annual CTE data-reporting requirements and annual program quality index reports for each program for the purpose of improving data accuracy, consistency and reliability (e.g. meeting minutes and agendas demonstrating discussion of content, etc.).  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP7B – Perkins</b><br>Grant and Program Reporting and Record Keeping Criteria | <input type="checkbox"/> Documentation of internal process that allows recipient to monitor and ensure adherence of improvement plans (e.g. standard operating procedures (SOPs), etc.).   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Documentation of the established process used to complete, submit, amend, and monitor local plans, applications, program proposal, and TSA proposals in an accurately and timely manner (e.g. timelines, outlines, etc.).   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
| <b>CCTEP7C – Perkins</b><br>Financial Reporting and Record Keeping Criteria         | <input type="checkbox"/> List of all products that have been developed with Perkins Act allocation grant funding in the current school/program year and preceding school/program year, if applicable. (Final Report will be used by MSDE as evidence for preceding school/program year. If Final Narrative was submitted within the last 3 months, no submission will be required and the Final Narratives for the last 2 years will be used as evidence.) | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|   | <input type="checkbox"/> Job Descriptions for all Perkins Act allocation grant funded positions.   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

| Criteria Area  | Evidence Submitted By Recipient<br>(Check all items submitted)  | Acceptable   | Developing<br>(Check One)   | Justification for Rating<br>(Please be specific) | Person Responsible |
|--|---|--|---|--|--------------------|
| <b>CCTEP7C – Perkins</b><br>Financial Reporting and Record Keeping Criteria<br>(continued) | <input type="checkbox"/> Personnel/staff activity reports of any staff (s) time spent in activities charged to the Perkins grant, and how time charged to the Perkins grant supported Perkins activities.   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Documentation that Perkins funds are being used in accordance with statutory fund-use rules, including supplement not supplant provisions (Approved Local Plan with detailed budget and Final Narrative (if submitted with the last 3 months) will be used by MSDE.) | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Documentation of internal inventory system that allows recipient to track and identify items purchased with Perkins funding and provide accurate and timely submission of Annual Equipment Inventory Reports.  | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Documentation of internal checks and balances system to ensure that grants are appropriately expended.   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |
|  | <input type="checkbox"/> Recipient has not returned unspent 5% or more of Perkins allocation.   | Evidence is:<br><input type="checkbox"/> Clear/Evident | Evidence is:<br><input type="checkbox"/> Missing<br><input type="checkbox"/> Vague<br><input type="checkbox"/> Inconsistent |  |                    |

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## Maryland Consolidated Perkins and Methods of Administration Career and Technical Education Monitoring Review Process Rubric – **Category #7**



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