



Intro to the Secondary Perkins Comprehensive Local Needs Assessment & Budget Workbook

Division of Career and Adult Education

Fall 2021



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

www.FLDOE.org

Overview of This Document



- Describe the purpose of the Secondary CLNA and Budget Workbook
- Overview of worksheets in the Secondary CLNA and Budget Workbook
- Explain the parts of the Program Needs Assessment worksheets



Purpose of the CLNA & Budget Excel

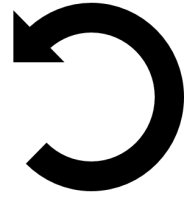
- **Needs Assessment Tool**

- The first and foremost purpose of the CLNA is to provide a tool to assess the quality of locally implemented CTE programs through the lens of Size, Scope, and Quality, Labor Market Alignment, and Program of Study policy

- **Budget Alignment Tool**

- As required by Perkins V, Perkins funds may only be used for programs that meet Size, Scope, and Quality as well as Labor Market Alignment
- Having your program needs assessment in the same worksheet as your fundable program inventory, alignment can be ensured

What Is Different About This CLNA & Budget Excel



- **All-In-One Organization**

- While the substance of the SSQ and LMA portions remains consistent, the number of columns was greatly reduced allowing for a single worksheet to be made that include SSQ, LMA, Programs of Study, and the Fundable Programs List.

- **Clearer Directions**

- A new worksheet is included that has examples and explanations of CLNA's fields.

- **Easier Self Checking**

- When a program meets SSQ, LMA, or Programs of Study criteria, the cells become highlighted.

Tour of the Workbook – Data Entry Worksheets

| | A | B | C | D | E | F | G | H | I | J |
|----|---|---------------------------|---|---|---|-----------------|---|---|-------------------|---|
| 1 | CLNA PROGRAM SUMMARY - LABOR MARKET ALIGNMENT & SIZE, SCOPE, AND QUALITY | | | | | | | | | |
| 2 | MUST INCLUDE ALL PERKINS ELIGIBLE HIGH SCHOOL AND MIDDLE SCHOOL PROGRAMS OFFERED BY THE AGENCY IN 2022-23 | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | Agency Name: | | | | | | | | | |
| 5 | Agency Number: | #N/A | | | | | | | | |
| 6 | Career Source Region: | #N/A | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | LABOR MARKET ALIGNMENT (LMA) To be fundable, must have one (1) Primary Source OR two (2) secondary sources. | | | | | | | | | |
| 9 | | | | | | PRIMARY SOURCES | | | SECONDARY SOURCES | |
| 10 | Fundable? | Program | | | | | | | | |
| 11 | (That is, meets/is exempt from LMA and SSQ Requirements. Fill out this column after completing LMA and SSQ.) | (Invalid Struckth (Number | | | | | | | | |
| 12 | (Dropdown) | (Dropdown) | | | | | | | | |
| 13 | & 21-22 RDOLs) | (Autopopulates) | | | | | | | | |
| 14 | (References 20-21 & 21-22 SDOL) | (Autopopulates) | | | | | | | | |
| 15 | (Dropdown) | (Dropdown) | | | | | | | | |
| 16 | (Dropdown) | (Dropdown) | | | | | | | | |
| 17 | (Dropdown) | (Dropdown) | | | | | | | | |
| 18 | (Dropdown) | (Dropdown) | | | | | | | | |

Dark blue tabs are to be filled out.



Tour of the Workbook – Reference Worksheets

| | A | B | C | D | E | F | G | H | I | J |
|----|---|------------|---|---|---|---|---|---------------------|-----------------------------|---|
| 1 | CLNA PROGRAM SUMMARY - LABOR MARKET ALIGNMENT & SIZE, SCOPE, AND QUALITY | | | | | | | | | |
| 2 | MUST INCLUDE ALL PERKINS ELIGIBLE HIGH SCHOOL AND MIDDLE SCHOOL PROGRAMS OFFERED BY THE AGENCY IN 2022-23 | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | Agency Name: | [Dropdown] | | | | | | | | |
| 5 | Agency Number: | #N/A | | | | | | | | |
| 6 | Career Source Region: | #N/A | | | | | | | | |
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| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| 11 | PRIMARY SOURCES | | | | | | | SECONDARY SOURCES | | |
| 12 | | | | | | | | I | J | |
| 13 | | | | | | | | Secondary Source #1 | Secondary Source #2 | |
| 14 | | | | | | | | (Dropdown) | (Must be Different from #1) | |
| 15 | | | | | | | | | (Dropdown) | |
| 16 | | | | | | | | | | |
| 17 | | | | | | | | | | |
| 18 | | | | | | | | | | |

| | | | | | | | | | |
|----|------------|--|--|--|-----------------|---------------------------------|--|--|--|
| 11 | (Dropdown) | | | | (Autopopulates) | (References 20-21 & 21-22 SDOL) | | | |
| 12 | | | | | | (Autopopulates) | | | |

| | | | | | | | | | |
|----|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 11 | [Dropdown] | [Dropdown] | [Dropdown] | [Dropdown] | [Dropdown] | [Dropdown] | [Dropdown] | [Dropdown] | [Dropdown] |
|----|------------|------------|------------|------------|------------|------------|------------|------------|------------|

| | | | | | | | |
|----|---------------------------------|--------------------------|-----------------------------|----------------------|----------------------|---------|---------------------|
| 11 | Directions - Prog. Needs Assess | Program Needs Assessment | REF - Proj to SOC Crosswalk | DOE 101-Instructions | Example DOE 101 Form | DOE 101 | Projected Equipment |
|----|---------------------------------|--------------------------|-----------------------------|----------------------|----------------------|---------|---------------------|

Dark green tabs are reference and directions.



Directions for the Program Needs Assessment

EXAMPLE RESPONSE

FIELD TYPE

DIRECTIONS BY COLUMN

DIRECTIONS WORKSHEET

| | | Field) | | | Field) | (DOL) | Dept. of | Local WIOA |
|----|-------------------|--|--|------------------------------|--|---|---|---|
| 12 | Example: | Yes | 8E+06 | Allied Health Assistant 9 | 97 | 319093 | No | Yes |
| 13 | Cell Type: | Dropdown | # | Autopopulates (Locked) | # | # | Autopopulates (Locked) | Autopopulates (Locked) |
| 14 | Direction: | Fill out AFTER completing LMA and SSQ. If the program meets/is exempt from LMA *AND* SSQ, select 'Yes.' If it does not meet/is exempt from either LMA *OR* SSQ, select 'No.' | Use CTE program number. Individual courses will be rejected. | Do not modify or paste over. | Estimate enrollment for coming school year. This figure is used for Program of Study enrollment estimation in cell RT. | Only use official SOC's from https://www.fldoe.org/academics/career-adult-edu/perkins/clns.shtml. Use either program's primary and alternative SOC. | Do not modify or paste over. This is based on the region identified in cell C6. | Do not modify or paste over. Use dropdown to select documentation option. Maintain local documents for 5 years. |
| 15 | | | | | | | | |
| 16 | | | 8106200 | | | 45 2093 | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |
| 21 | | | | | | | | |
| 22 | | | | | | | | |

Program Needs Assessment Worksheet Tour

| | A | B | C | D | E | F | G | H | I | J |
|----|--|--|---|---|--|--|---|--|---|---|
| 1 | CLNA PROGRAM SUMMARY - LABOR MARKET ALIGNMENT & SIZE, SCOPE, AND QUALITY | | | | | | | | | |
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| 3 | | | | | | | | | | |
| 4 | Agency Name: | | | | | | | | | |
| 5 | Agency Number: | #N/A | | | | | | | | |
| 6 | Career Source Region: | #N/A | | | | | | | | |
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| 8 | LABOR MARKET ALIGNMENT (LMA) To be fundable, must have one (1) Primary Source OR two (2) secondary sources. | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | PRIMARY SOURCES SECONDARY SOURCES | | | | | | | | | |
| 11 | Fundable? <small>(That is, meets/is exempt from LMA and SSQ Requirements. Fill out this column after completing LMA and SSQ.)</small> <small>(Dropdown)</small> | Program Number <small>(Invalid Entries Struckthrough)</small> <small>(Number Field)</small> | Program Name <small>(Autopopulates)</small> | Projected Enrollment <small>(# Field)</small> | SOC Code <small>(Must Use Officially Aligned SOCs. All Others Rejected)</small> <small>(Number Field)</small> | Primary Source Option #1: <small>Your Region's Demand Occupation List (DOL)</small> <small>(References 20-21 & 21-22 RDOLs)</small> <small>(Autopopulates)</small> | Primary Source Option #2: <small>On State Demand Occupation List, FL Dept. of Agriculture & Consumer Services List, or FL Enterprise List</small> <small>(References 20-21 & 21-22 SDOL)</small> <small>(Autopopulates)</small> | Primary Source Option #3: <small>Local CareerSource Targeted Occupation List (TOL) or Local WIOA Plan</small> <small>(Dropdown)</small> | Secondary Source #1 <small>(Dropdown)</small> | Secondary Source #2 <small>(Must be Different from #1)</small> <small>(Dropdown)</small> |
| 12 | | | | | | | | | | |
| 13 | | | | | | | | | | |
| 14 | | | | | | | | | | |
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| 16 | | | | | | | | | | |
| 17 | | | | | | | | | | |
| 18 | | | | | | | | | | |

PROGRAM NEEDS ASSESSMENT



Program Needs Assessment

Program Needs Assessment Worksheet Tour

1 CLNA PROGRAM SUMMARY - LABOR MARKET ALIGNMENT & SIZE, SCOPE, AND QUALITY
MUST INCLUDE ALL SERVING PUBLIC HIGH SCHOOL AND MIDDLE SCHOOL PROGRAMS OFFERED BY THE AGENCY IN 2022-23

| | |
|-----------------------|----------------------|
| Agency Name: | <input type="text"/> |
| Agency Number: | #N/A |
| Career Source Region: | #N/A |

AGENCY INFO
Select your agency name. Agency number and Career Source Region will autopopulate.

| | | | | PRIMARY SOURCES | | | SECONDARY SOURCES | | |
|--|---|----------------------|----------------------|---|---|--|--|----------------------|---|
| A | B | C | D | E | F | G | H | I | J |
| Fundable? | Program Number | Program Name | Projected Enrollment | SOC Code | Primary Source Option #1: | Primary Source Option #2: | Primary Source Option #3: | Secondary Source #1 | Secondary Source #2 |
| (That is, meets/is exempt from LMA and SSQ Requirements. Fill out this column after completing LMA and SSQ.) (Dropdown) | (Invalid Entries Struckthrough) (Number Field) | (Autopopulates) | (# Field) | (Must Use Officially Aligned SOCs. All Others Rejected) (Number Field) | Your Region's Demand Occupation List (DOL) (References 20-21 & 21-22 RDOLs) (Autopopulates) | On State Demand Occupation List, FL Dept. of Agriculture & Consumer Services List, or FL Enterprise List (References 20-21 & 21-22 SDOL) (Autopopulates) | Local CareerSource Targeted Occupation List (TOL) or Local WIOA Plan (Dropdown) | (Dropdown) | (Must be Different from #1) (Dropdown) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| | | | | | | | | | |

Program Needs Assessment Worksheet Tour

| | A | B | C | D | E | F | G | H | I | J |
|----|--|-----------------------|--------------------------------|--|--|---|---|-----------------------------------|--|---|
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| 3 | | | | | | | | | | |
| 4 | Agency Name: | | | | | | | | | |
| 5 | Agency Number: | #N/A | | | | | | | | |
| 6 | Career Source Region: | #N/A | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | LABOR MARKET ALIGNMENT (LMA) To be fundable, must have one (1) Primary Source OR two (2) secondary sources. | | | | | | | | | |
| 9 | | | | | | PRIMARY SOURCES | | | SECONDARY SOURCES | |
| 10 | A | | D | E | F | G | H | I | J | |
| | Fundable? | Program | Projected Enrollment (# Field) | SOC Code (Must Use Officially Aligned SOC's. All Others Rejected) (Number Field) | Primary Source Option #1: Your Region's Demand Occupation List (DOL) (References 20-21 & 21-22 RDOLs) (Autopopulates) | Primary Source Option #2: On State Demand Occupation List, FL Dept. of Agriculture & Consumer Services List, or FL Enterprise List (References 20-21 & 21-22 SDOL) (Autopopulates) | Primary Source Option #3: Local CareerSource Targeted Occupation List (TOL) or Local WIOA Plan (Dropdown) | Secondary Source #1 (Dropdown) | Secondary Source #2 (Must be Different from #1) (Dropdown) | |
| 11 | (That is, meets/is exempt from LMA and SSQ Requirements. Fill out this column after completing LMA and SSQ.) (Dropdown) | (Valid Student Count) | | | | | | | | |
| 12 | | | | | | | | | | |
| 13 | | | | | | | | | | |
| 14 | | | | | | | | | | |
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| 16 | | | | | | | | | | |
| 17 | | | | | | | | | | |
| 18 | | | | | | | | | | |

FUNDABILITY
Fill this column out at the very end – once SSQ and LMA are completed. The field is a Yes/No dropdown.

Program Needs Assessment Worksheet Tour

| | A | B | C | D | E | F | G | H | I | J | |
|----|---|--|--|--|---|---|---|---|---|---|---|
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| 3 | | | | | | | | | | | |
| 4 | Agency Name: | [Dropdown] | | | | | | | | | |
| 5 | Agency Number: | #N/A | | | | | | | | | |
| 6 | Career Source Region: | #N/A | | | | | | | | | |
| 7 | | | | | | | | | | | |
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| 9 | | | | | | | | | | | |
| 10 | Fundable? (That is, meets or is exempt from LMA and SSQ Requirements. Fill out this column after completing LMA and SSQ.) (Dropdown) | Program Number (Invalid Entries Struckthrough) (Number Field) | Program Name (Autopopulates) | Projected Enrollment (Field) | | | | | | | Secondary Source #2 (Must be different from #1) (Dropdown) |
| 11 | [Dropdown] | [Dropdown] | [Dropdown] | [Dropdown] | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | | | | | | | | | | | |

PROGRAM INFO
Type in the official program number – include career preparatory, technology education, work-based learning, middle school, and ESE CTE programs. All of these categories have Perkins eligible courses and programs, though they do have different requirements. Fields that go grey for a particular course or program may be skipped.

Program Needs Assessment Worksheet Tour

| | A | B | C | D | E | F | G | H | I | J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------|----------------------|----------------|---|-----------------|---|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------|--------------|----------------------|----------|---|-----------------|--|---------------------|---------------------|--|---|-----------------|-----------|----------------|--|--|--|------------|---|------------|--|--|--|--|--|--|--|--|--|
| 1 | CLNA PROGRAM SUMMARY - LABOR MARKET ALIGNMENT & SIZE, SCOPE, AND QUALITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | MUST INCLUDE ALL PERKINS ELIGIBLE HIGH SCHOOL AND MIDDLE SCHOOL PROGRAMS OFFERED BY THE AGENCY IN 2022-23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Agency Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Agency Number: | #N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Career Source Region: | #N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | <p style="text-align: center;">LABOR MARKET ALIGNMENT (LMA) To be fundable, must have one (1) Primary Source OR two (2) secondary sources.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">A</th> <th style="width: 10%;">B</th> <th style="width: 20%;">C</th> <th style="width: 10%;">D</th> <th style="width: 10%;">E</th> <th style="width: 10%;">F</th> <th style="width: 10%;">G</th> <th style="width: 10%;">H</th> <th style="width: 10%;">I</th> <th style="width: 10%;">J</th> </tr> <tr> <th>Fundable?</th> <th>Program Number</th> <th>Program Name</th> <th>Projected Enrollment</th> <th>SOC Code</th> <th>Must Use Officially Assigned SOC All Others Rejected)</th> <th>(Autopopulates)</th> <th></th> <th>Secondary Source #1</th> <th>Secondary Source #2</th> </tr> <tr> <td>(That is, meets/is exempt from LMA and SSQ Requirements. Fill out this column after completing LMA and SSQ.)</td> <td>(Invalid Entries Struckthrough) (Number Field)</td> <td>(Autopopulates)</td> <td>(# Field)</td> <td>(Number Field)</td> <td></td> <td></td> <td></td> <td>(Dropdown)</td> <td>(Must be Different from #1) (Dropdown)</td> </tr> </thead> <tbody> <tr> <td>(Dropdown)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | | | | | A | B | C | D | E | F | G | H | I | J | Fundable? | Program Number | Program Name | Projected Enrollment | SOC Code | Must Use Officially Assigned SOC All Others Rejected) | (Autopopulates) | | Secondary Source #1 | Secondary Source #2 | (That is, meets/is exempt from LMA and SSQ Requirements. Fill out this column after completing LMA and SSQ.) | (Invalid Entries Struckthrough) (Number Field) | (Autopopulates) | (# Field) | (Number Field) | | | | (Dropdown) | (Must be Different from #1) (Dropdown) | (Dropdown) | | | | | | | | | |
| A | B | C | D | E | F | G | H | I | J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fundable? | Program Number | Program Name | Projected Enrollment | SOC Code | Must Use Officially Assigned SOC All Others Rejected) | (Autopopulates) | | Secondary Source #1 | Secondary Source #2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (Dropdown) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

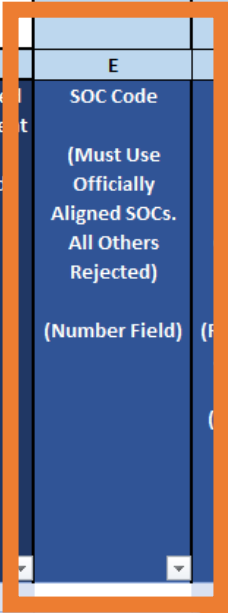
PROJECTED ENROLLMENT
Fill in the expected enrollment for the course or program. This information will populate calculations in R7 (skip to slide 19 to learn more).



Program Needs Assessment Worksheet Tour

| | A | B | C | D | E | F | G | H | I | J |
|----|---|---|------|--------------------------------|--|---|---|---|-----------------------------------|--|
| 1 | CLNA PROGRAM SUMMARY - LABOR MARKET ALIGNMENT & SIZE, SCOPE, AND QUALITY | | | | | | | | | |
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| 3 | | | | | | | | | | |
| 4 | Agency Name: | | | | | | | | | |
| 5 | Agency Number: | | #N/A | | | | | | | |
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| 9 | | | | | | PRIMARY SOURCES | | | SECONDARY SOURCES | |
| 10 | | | | D | E | F | G | H | I | J |
| 11 | | | | Projected Enrollment (# Field) | SOC Code (Must Use Officially Aligned SOC's. All Others Rejected) (Number Field) | Primary Source Option #1: Your Region's Demand Occupation List (DOL) (References 20-21-22 RDOL's) (Autopopulate) | Primary Source Option #2: On State Demand Occupation List, FL Dept. of Agriculture & Consumer Services List, or FL | Primary Source Option #3: Local CareerSource Targeted Occupation List (TOL) or Local WIOA Plan | Secondary Source #1 (Dropdown) | Secondary Source #2 (Must be Different from #1) (Dropdown) |
| 12 | | | | | | | | | | |
| 13 | | | | | | | | | | |
| 14 | | | | | | | | | | |
| 15 | | | | | | | | | | |
| 16 | | | | | | | | | | |
| 17 | | | | | | | | | | |
| 18 | | | | | | | | | | |

OFFICIAL PRIMARY OR ALTERNATIVE SOC
Type in a primary or alternative SOC code. Reference the official list included in the workbook for convenience.



OFFICIAL LIST OF PRIMARY OR ALTERNATIVE SOC's
You must use SOC codes officially aligned to the program. For most programs there are multiple SOC code options.

Program Needs Assessment Worksheet Tour

LMA DOCUMENTATION

Columns F and G are autopopulated based on the entered program number and SOC code. Do not modify or paste over these fields. One Primary Source OR two different Secondary Sources is required for Career Preparatory and Technology Education programs to be fundable – not both.

| LABOR MARKET ALIGNMENT (LMA) | | | | | |
|--|--|--|---------------------|-----------------------------|-------|
| To be fundable, must have one (1) Primary Source OR two (2) secondary sources. | | | | | |
| PRIMARY SOURCES | | | SECONDARY SOURCES | | |
| F | G | H | I | J | |
| Primary Source Option #1: | Primary Source Option #2: | Primary Source Option #3: | Secondary Source #1 | Secondary Source #2 | Ide |
| Your Region's Demand Occupation List (DOL) | On State Demand Occupation List, FL Dept. of Agriculture & Consumer Services List, or FL Enterprise List | Local CareerSource Targeted Occupation List (TOL) or Local WIOA Plan | (Dropdown) | (Must be Different from #1) | sch |
| (References 20-21 & 21-22 RDOLs) | (References 20-21 & 21-22 SDOL) | (Dropdown) | | (Dropdown) | sit |
| (Autopopulates) | (Autopopulates) | | | | virtu |

Program Needs Assessment Worksheet Tour

| | | LABOR MARKET ALIGNMENT (LMA) | | | | |
|---------------------------------|---|---|-----------------------------------|--|---|---|
| | | To be fundable, must have one (1) Primary Source OR two (2) secondary sources. | | | | |
| | | PRIMARY SOURCES | | | SECONDARY SOURCES | |
| C | | H | I | J | | |
| Program Name (Autopopulates) | LMA DOCUMENTATION Column H, I, and J contain drop down menus. If no 'Yes' is populated into columns F and G, use one source from H OR two different sources in I and J. | Primary Source Option #3: Local CareerSource Targeted Occupation List (TOL) or Local WIOA Plan (Dropdown) | Secondary Source #1 (Dropdown) | Secondary Source #2 (Must be Different from #1) (Dropdown) | Source #2: Occupation List, ICD-9, or FLDOL (Autopopulates) | Source #1: Occupation List, ICD-9, or FLDOL (Autopopulates) |
| | | | | | (References 20-21 & 21-22 SDOL) (Autopopulates) | (Autopopulates) |

Program Needs Assessment Worksheet Tour

SSQ DOCUMENTATION

Complete columns K through O for high school programs and P through Q for middle school programs. If a program is out of compliance for a particular SSQ criterion, leave that cell blank.

| K | L | M | N | O | P | Q |
|---|--|---|--|--|--|---|
| <p>Identify the high school(s) or other sites (including virtual) where the program will offer at least 3 courses (or 2 courses for 2 course programs).</p> <p>(Text/# Field)</p> | <p>Identify the high school(s) or other sites (including virtual) where the program WILL NOT offer at least 3 courses (or 2 courses for 2 course programs), if applicable.</p> <p>(Text/# Field)</p> | <p>List one or more experiential learning opportunities.</p> <p>E.g., work-based learning opportunity or capstone experience (if course, include course number), and/or CTSO students will have access to for this program.</p> <p>(Text Field)</p> | <p>List one or more ways business and industry will be engaged in the operations of the program.</p> <p>(Text Field)</p> | <p>List the industry recognized credential students may earn in the program.</p> <p>(Text Field)</p> | <p>Identify one or more 9-12 Career Preparatory or Technology Education Programs that the middle grades exploratory course introduces students to.</p> <p>(Text Field)</p> | <p>Identify one or more high school (or other instructional sites including virtual) where the program will be available.</p> <p>(Text Field)</p> |

Program Needs Assessment Worksheet Tour

PROGRAMS OF STUDY

Use the dropdown in column R to list the primary postsecondary program within your program of study's pathway. Then, list an accelerated credit opportunity within that program of study. All Perkins programs of study in Florida are required to have an acceleration opportunity that can be at the secondary or the postsecondary level.

| | | |
|---|--|---|
| | % enrolled in POS: #DIV/0! | |
| Q | PROGRAM OF STUDY | |
| | R | S |
| r | If a part of a fully compliant Program of Study, list the primary aligned postsecondary program. (Dropdown) | Primary Accelerated Credit Opportunity (Required for Compliant Programs of Study) (Dropdown) |

Program Needs Assessment Worksheet Tour

PERCENT ENROLLMENT IN PROGRAMS OF STUDY
For the 2022-23 school year, secondary agencies are required to have 50% of total CTE enrollment in Programs of Study.

The numerator for this calculation is the sum of all column D projected enrollments in rows that have completed R and S fields. The denominator is a sum of all projected enrollments.

| | | |
|--------------------------------|--|---|
| % enrolled in POS: #DIV/0! | | |
| Q | PROGRAM OF STUDY | |
| | R | S |
| or er l ng re n | If a part of a fully compliant Program of Study, list the primary aligned postsecondary program. (Dropdown) | Primary Accelerated Credit Opportunity (Required for Compliant Programs of Study) (Dropdown) |
| | ▼ | ▼ |