EQUIVALENCY CREDIT REVIEW FORM
(Review Required Every Five Years Following F 1A-2410 Initial Approval)

CTE Course Name: ____________________________   Date of Review: _______________
School: ______________________________________   Next Review Due: _____________
Equivalency Credit: _____________________________  # of Credits: __________________

Have the standards changed since the last review of this course equivalency?

☐ YES (Continue to fill out form below)
☐ NO *(Signature below is all that is required)

*Principal or CTE Director Signature:_________________________________________
Date: _______________________

If the standards have changed, attach documentation of the following:

☐ Course Description
☐ Course Outline with Updated Standards
☐ Course Framework-Updated

Curriculum or Advisory Committee responsible for this program review: _________________

Committee Members:

_________________________________________  ________________________________
_________________________________________  ________________________________
_________________________________________  ________________________________
_________________________________________  ________________________________

Committee Recommendation:

_________________________________________  Standards Align
_________________________________________  Standards Do Not Align

Signature of Committee Representative

CTE Director    Asst. Sup Secondary Ed    Date