



EQUIPMENT AND PD WISH LIST FOR 21-22 SCHOOL YEAR

TEACHER: _____ CTE PROGRAM: _____

SCHOOL: _____

NUMBER OF CTE CLASS PERIODS TAUGHT: _____ # OF CTE STUDENTS ENROLLED IN YOUR PROGRAM: _____

DO YOU ANTICIPATE THE NUMBER OF CLASS PERIODS OR ENROLLMENTS CHANGING? (Y or N) _____ IF YES, HOW? _____

NUMBER OF STUDENTS YOU NOMINATED FOR DCTC OUTSTANDING STUDENT AWARD LAST YEAR: _____ THIS YEAR: _____

NUMBER OF STUDENTS YOU NOMINATED FOR A DCTC SCHOLARSHIP LAST YEAR: _____ THIS YEAR: _____

	EQUIPMENT	HOW IT RELATES TO CURRICULUM	RELATED SEGMENT(S)	COST
1				
2				
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THIS REQUEST IS FOR EQUIPMENT COSTING MORE THAN \$3,000.

EQUIPMENT PURCHASED SHOULD BE FOR STUDENT USE.

A QUOTE WILL BE REQUIRED FOR EACH ITEM REQUESTED.

PLEASE RETURN THE COMPLETED WISH LIST FORM TO JULIE BERGERON AT jbergeron@dctc-cte.org

Please remember to attach quotes for equipment.

IF MORE ROOM IS NEEDED, FEEL FREE TO COPY THIS FORM.

****THESE FUNDS CANNOT BE USED FOR INFRASTRUCTURE****