

***2022-2023 Nutrition & Food
Science ANNUAL REPORT
FOR INDUSTRY
CERTIFICATION***



And

**Georgia Department of Education
Career, Technical & Agricultural Education Division**



And



**Working together to recognize EXEMPLARY
Nutrition & Food Science Programs
preparing students to be College & Career Ready**

Annual Report

- a. An Annual Report Form should be completed each year by **May 1st**.
- b. Major changes in the program (e.g., hiring a high school teacher who does not meet the required qualifications, the elimination of the lab/project-based setting) may require additional follow-up. *Each new high school teacher* hired will be required to pass the Nutrition & Food Science Knowledge Test that is part of the preparatory work for industry certification.
- c. **Schools that do not maintain standards for Industry Certification, including the areas monitored in this report, may be placed on probation and receive a needs improvement plan. Schools that fail to maintain the standards for industry certification will lose their certification status and must re-apply for certification when applicable.**
- d. Certified programs may recertify every five years and requires the same Site Visit procedures as the initial certification - review of the high school program.

CONTACT INFORMATION FOR THE Nutrition and Food Science ETL:

- a. Donna Kurdelmeier, NFS Foundation Director - Evaluation Team
Leader(ETL)
Donnakurdelmeier@gmail.com

**(Insert YEAR) Annual Update Report
Industry Certification for NFS Programs**

I. SCHOOL INFORMATION

School Name		School Enrollment	
CTAE Director/ Administrator s Name		School Phone Number	
NFS Phone Number		NFS Fax Number	
School Mailing Address			
School Website Address		Year Program Was Certified	

II. PROGRAM INFORMATION

NFS Course Offerings

List the enrollment for each course in the pathway:

COURSE NAME	TEACHER(s)	ENROLLMENT	
		MALE	FEMALE

III. ADVISORY COUNCIL

A. Dates of Fall Advisory Council Meeting _____

B. Dates of Spring Advisory Council Meeting _____

C. **Please attach copies** of advisory council meeting minutes. Include **members present** at each meeting.

D. Please list the names of all members of your Local Advisory Council members and indicate the business/organization he/she represents. **Instructors and local school administrators should not be included.**

MEMBER NAME	BUSINESS/ ORGANIZATION REPRESENTED

IV. SUCCESS

A. Describe at least one success that has taken place this school year; for example, changes in the organization and administration of your program/department-such as adding a program, staff member etc.

B. Describe at least one goal that you have set to improve the program and how you have or are accomplishing it.

V. ENROLLMENT

A. Describe your enrollment in the high school program.

B. Include information such as increases/decreases in enrollment/recruitment/placement.

VI. INSTRUCTOR INFORMATION

A. NFS Teacher A

Name _____

Teacher's Email Address: _____

Years Teaching _____ Does the teacher plan to return next school year? _____

Other responsibilities (FCCLA, Dept. Chair, Coach etc.) _____

Professional Organization Memberships for NFS Teacher A:

PROFESSIONAL ORGANIZATION	MEMBERSHIP NUMBER

Professional Development for NFS Teacher A:

DATE	CONTACT HRS	TITLE OF EVENT	SPECIFIC NFS RELATED ACTIVITY - i.e. workshops/sessions attended

B. NFS Teacher B (second teacher if applicable)

Name _____

Teacher's Email Address _____

Years Teaching _____ Does the teacher plan to return next year? _____

Other responsibilities (FCCLA, Dept. Chair, Coach etc.) _____

Professional Organization Memberships for NFS Teacher B:

PROFESSIONAL ORGANIZATION	MEMBERSHIP NUMBER

Professional Development for NFS Teacher B

DATE	CONTACT HRS	TITLE OF EVENT	SPECIFIC NFS RELATED ACTIVITY - i.e. workshops/sessions attended

Is (Are) the above mentioned NFS teacher(s) new? If so, please attach a copy of his/her teaching certificate.

VII. TEACHER CERTIFICATION/ASSESSMENTS

1. NFS Teacher A --- Date of Expiration for:

ServSafe Manager: _____

Fire Safety Certification: _____

CPR/First Aid Certification: _____

2. NFS Teacher B --- Date of Expiration for:

ServSafe Manager: _____

Fire Safety Certification: _____

CPR/First Aid Certification: _____

VIII. Student Certifications/Assessment/Follow-Up

- A. Number of students receiving fire safety certification this past year: _____ (if applicable)
- B. Number of students receiving CPR/first aid certificates this past year: _____ (if applicable)
- C. Number of students receiving 100% accuracy on the safety/chemical/use of equipment test this past year _____
- D. Number of pathway completers for this year _____ Attach a printout of completers.
- E. Number of students enrolled in Work-Based Learning with a NFS emphasis: _____ Attach the C-Net Report.
- F. Number of students taking and passing the End of Pathway Assessment:
- AAFCS Food Science: # Tested _____ # Passed _____
 - AAFCS Nutrition/Wellness: # Tested _____ # Passed _____
 - ServSafe Handler: # Tested _____ # Passed _____
 - ServSafe Manager: # Tested _____ # Passed _____
- G. Attach an Administrator s list of students test results.
- H. Number of NFS graduates who took positions in NFS areas/positions upon graduation. _____
____ Attach a list of students and where they are employed.
- I. Number of NFS graduates who enrolled in post-secondary programs for nutrition and food science. _
____ Attach a list of students and the schools in which they are enrolled.

IX. CTSO

A. Paid NFS Affiliated Members _____

B. Percentage of paid affiliated members out of total NFS class enrollment. FCCLA _____

C. Chapter Adviser(s) _____

D. FCCLA Involvement

DATE	TITLE OF EVENT	# Students Participating

E. Number of students **competing** at the following events:

1. FCCLA Fall Leadership Rally _____ Attach a copy of registration.
2. FCCLA Fall Leadership Conference _____ Attach a copy of registration.
3. FCCLA Regional Competition _____ Attach a copy of registration.
4. FCCLA State Leadership Conference _____ Attach a copy of registration.

X. EQUIPMENT/FACILITIES

Describe any changes to your facility?

List new equipment purchased this year.

List outdated equipment that has been discarded.

Please sign and date below that the information provided is accurate and completed by May 1st. Annual report should be emailed or mailed to the Nutrition and Food Science ETL. Contact information is listed above.

NFS Teacher #1: _____ Date: _____

NFS Teacher #2: _____ Date: _____

CTAE Director: _____ Date: _____