NUTRITION, FOOD SCIENCE & SPORTS NUTRITION

ANNUAL REPORT FOR INDUSTRY CERTIFICATION

A Partnership between-

And

Georgia Department of Education
Career, Technical & Agricultural Education Division

And

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

Annual Report

a. An Annual Report Form should be completed each year by ***May 1st.***
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.

b. Folders should be set up according to the annual report and added to each year so that all documentation is ready for certification renewal.

c. **Schools that do not maintain standards for Industry Certification, including the areas monitored in this annual 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/SN Foundation Director - Evaluation Team Leader (ETL)
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Lake Lure, NC 28746

Phone: 678-978-6196

(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/SN Teacher A		NFS/SN Teacher Cell Phone(A)	
		Email (A)	
NFS/SN Teacher B		NFS/SN Teacher Cell Phone (B)	
		Email (B)	
School Mailing Address			
School Website Address		Year Program Was Certified and Years of Recertifications	

II. PROGRAM INFORMATION

NFS/SN Course Offerings

A. List the enrollment for each course in the pathway:

COURSE NAME	TEACHER(s)	ENROLLMENT MALE	FEMALE

B. List all speaker's names who presented to your classes and include their business association and date of visit.

Guest Speaker's Name	Business/Post Secondary Name	Date

III. ADVISORY COUNCIL

Fall Advisory Board Meeting	Date:
Spring Advisory Board Meeting	Date:

A. Local Advisory Board Members ***(Instructors and local school administrators should not be included.***

Member name	Business/organization name

B. How does your advisory board enhance your program? List examples of how your advisory board is involved with your program and or your FCCLA program. Examples would be classroom presentations, judging FCCLA events, job shadowing or internships.

C. Describe how your Advisory Board has reviewed your standards and are there any recommendations for changes?

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.

V. ENROLLMENT

A. Describe your enrollment in the high school program.

B. Include information such as increases/decreases in enrollment/recruitment in pathway and reason for this.

VI. INSTRUCTOR INFORMATION

A. NFS/SN Teacher A:

Name	# of Years Teaching	Returning next year? Y/N/Retiring

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

C. Professional Organization Memberships (ex. GATFACS/GACTE/ACTE) Teacher A:

PROFESSIONAL ORGANIZATION (S)	MEMBERSHIP NUMBER

D. Professional Development for Teacher A:

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

A. NFS/SN Teacher B (second teacher if applicable)

Name	# of Years Teaching	Returning next year? Y/N/Retiring

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

C. Professional Organization Memberships (Ex. GATFACS/GACTE/ACTE) Teacher

PROFESSIONAL ORGANIZATION (S)	MEMBERSHIP NUMBER

D. Professional Development for Teacher B:

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

TEACHER CERTIFICATION AND TRAINING

A. NFS/SN Teacher A Certificate:

Teaching Certificate Area (s)	Type (Provisional, T5, etc)	Year Expires

B. NFS/SN Teacher A Certifications/Trainings

ServSafe Manager Certification (Y/N)	Expiration Date	Reasons if you do not have this certification or when are you renewing?
Fire Safety Certification	Expiration Date (Good for 2 yrs)	Reasons if you do have this certification or when are you renewing?
List any FS/SN related additional certifications:	Expiration Date	

A. NFS/SN Teacher B Certificate (if applicable):

Teaching Certificate Area (s)	Type (Provisional, T5, etc)	Year Expires

B. NFS/SN Teacher A Certifications/Trainings

ServSafe Manager Certification (Y/N)	Expiration Date	Reasons if you do not have this certification or when are you renewing?

Fire Safety Certification	Expiration Date (Good for 2 yrs)	Reasons if you do have this certification or when are you renewing?
List any FS/SN related additional certifications:	Expiration Date	

VII. Student Certifications/Assessment/Follow-Up

A. Student Certifications and Follow-up Surveys

Number of students receiving Fire Safety Training this year:	
Number of students earning Fire Safety Certification this year (optional):	
Number of students receiving 100% accuracy on a Safety & Sanitation/ Use of Chemicals/Use of Equipment Test this past year:	
Describe how you retest the students if they do not pass.	
Number of WBL students working in a NFS or SN specific job related to your pathway:	
Number of graduates that took position in a NFS or SN specific job after graduation:	
Number of graduates that are pursuing a degree in the NFS or SN:	
How do you follow-up with graduates?	

B. End of Pathway Assessment (***optional for Sports Nutrition Pathway Completers***)

EOPA Offered	# Tested	# Passed
AAFCS Food Science		
Nutrition and Wellness		
ServSafe Food Handler		
ServSafe Manager		

VIII. CTSO

A. Affiliation

Total Number of Paid FCCLA Affiliated Members	
Percentage of paid affiliated FCCLA members out of total NFS class enrollment.	
Primary Chapter Adviser Name and Pathway they teach	

B. Community Service Project/Involvement - List and describe at least two Community Service Projects your chapter participated in this past year.

C. Membership Recruitment - Describe one activity you used to recruit new members.

D. FCCLA State Conferences and Events Attended This Year

Date	Title of Conference or Event	# Students Participating

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

Conference Attended:	**Number of Students Competing**	**List of Competitions**
Fall Leadership Rally		
Fall Leadership Conference		
Region STAR Events		
State Leadership Conference		
National Leadership Conference		

F. Did you apply for any state or national awards this year?

IX. EQUIPMENT/FACILITIES

A. Describe any changes to your facilities. Are there any updates or modifications to be completed to your facility before your next recertification?

B. Any new equipment purchased this year?

SIGNATURE VERIFICATION

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, Food Science, and Sports Nutrition Foundation Director. Contact information is listed above.

NFS/SN Teacher #1 Signature and Date	
NFS/SN Teacher #2 Signature and Date	
CTAE Director Signature and Date	