

NUTRITION & FOOD SCIENCE

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 Programs
preparing students to be College & Career Readiness.**

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:

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

II. PROGRAM INFORMATION

NFS Course Offerings

List the enrollment for each course in the pathway:

COURSE NAME	TEACHER(s)	ENROLLMENT	
		MALE	FEMALE

Attach course syllabus and pacing guide here

Provide lab schedule with hours

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

III. ADVISORY COUNCIL

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

- A. **Please attach copies** of advisory council meeting minutes. Include **members present** at each meeting and an agenda for each meeting.
- B. 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 AND BUSINESS/ ORGANIZATION REPRESENTED	ETHNIC DEMOGRAPHIC

- C. 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.

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.

- C.** Describe at least one new instructional or multimedia resource that you implemented this year in your program. _____
1. How did you incorporate it into your lesson plan? _____
_____.
2. Was it a success or does it need revision before using this resource again? _____
_____.

V. ENROLLMENT

- A.** Describe your enrollment in the high school program.

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

PROFESSIONAL ORGANIZATION	MEMBERSHIP NUMBER

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 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 Teaching Certificate: _____

Type of Teaching

Certificate _____

ServSafe Manager: _____

Fire Safety Certification: _____

CPR Certification (this is optional but recommended): _____

2. NFS Teacher B --- Date of Expiration

for Teaching Certificate: _____

Type of Teaching

Certificate _____

ServSafe Manager: _____

Fire Safety Certification: _____ CPR Certification (this is optional but recommended): _____

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 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
 - 1. AAFCS Food Science: # Tested _____ # Passed _____
 - 2. Nutrition/Wellness: # Tested _____ # Passed _____
 - 3. ServSafe Handler. # Tested _____ # Passed _____
 - 4. ServSafe Manager: # Tested _____ # Passed _____

Attach an Administrator's list of students test results.

- g. Number of NFS graduates who took positions in NFS areas/positions upon graduation. ____
_____ Attach a list of students and where they are employed.
- h. 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.
- i. Number of former student follow-ups-include copy of email, Twitter post, or Facebook
post.

IX. CTSO

A. Paid Number NFS Affiliated Members	
B. Percentage of paid affiliated FCCLA members out of total NFS class enrollment.	
C. Chapter Adviser(s)	

D. FCCLA Chapter Involvement Including;

E. Community Service Project/Involvement; List and describe at least two Community Service Projects your club participated. Include a picture if available.

F. Membership Recruitment: Describe one activity you used to recruit new members.

DATE	TITLE OF EVENT	# Students Participating

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.
5. National Leadership Conference _____ Attach a copy of registration.
6. List programs awards applied for: _____

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 Foundation Director. Contact information is listed above.

NFS Teacher #1: _____ Date: _____

NFS Teacher #2: _____ Date: _____

CTAE Director: _____ Date: _____