

***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 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. Charlotte Joy, NFS Foundation Director - Evaluation Team Leader (ETL)  
[j165mc@aol.com](mailto:j165mc@aol.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 Handler: \_\_\_\_\_

ServSafe Manager: \_\_\_\_\_

Fire Safety Certification: \_\_\_\_\_

CPR/First Aid Certification: \_\_\_\_\_

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

ServSafe Handler: \_\_\_\_\_

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 1<sup>st</sup>. 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: \_\_\_\_\_