

**Kentucky Department of Education**  
Office of Career and Technical Education and Student Transition  
**New Program Viability Survey**  
(Must include all information on check-off list)

Program Name

Pathway Name

Pathway CIP Code

Program Assessment  
and/or Industry Certification

School Name and Address

Submitted By

Principal Name

Principal Signature \_\_\_\_\_

Date

Division Director Name

Division Director Signature \_\_\_\_\_

Date

**Submit to:**  
David Horseman  
Office of Career and Technical Education and Student Transition  
Kentucky Department of Education  
300 Sower Blvd, 5th Floor SW  
Frankfort, KY 40601

**Kentucky Department of Education**  
Office of Career and Technical Education and Student Transition

**New Program Viability Checklist**

(Must include cover sheet and the following information)

A. Scope of Program

1. Description

Name of Program

CIP Code

Name of Pathway

End of Program Assessment and/or Industry Certification

B. Justification

1. Demand Data

Figures and source of data for projected local, state and national demand for trained workers in the occupational area

Statements of support from employers, feeder school superintendent(s), high school principal(s), guidance counselor(s), government officials and others

2. Supply Data

Source of potential students

Expected enrollment

C. Implementation

1. Facility

Estimated Construction cost of new space required

Estimated cost and brief description of modifications required to existing space

2. Equipment

New equipment required and cost to OCTE

3. Personnel

New staff required, qualifications, and salary

Anticipated cost (program operating budget), facility, equipment, personnel, and supplies

Funding sources

D. School Data

Current School Enrollment

Current Concentrator Status

Current CCR Percentage

E. Comments: (Attach extra sheets, if necessary)