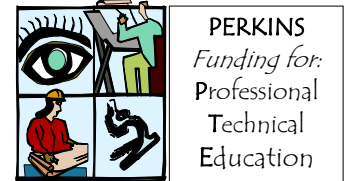




Office of Educational Improvement and Innovation  
255 Capitol Street NE  
Salem OR 97310



Sign and Return to:

**ILENE SPENCER**  
**Oregon Department of Education**  
**Office of Educational Improvement and Innovation**  
**255 Capitol Street NE**  
**Salem OR 97304**

upon completion of your annual Professional Technical Education (PTE) program review.

School District and Number \_\_\_\_\_ School Year 2006-07

High School \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

PTE Contact \_\_\_\_\_ Phone \_\_\_\_\_

PTE Contact E-Mail \_\_\_\_\_

*Annual Professional Technical Education Program Review*

## **CERTIFICATE OF ASSURANCE**

I certify that the professional technical program requirements for secondary professional technical education programs (**including appropriate certification for teachers**), the rules and regulations for The Carl D. Perkins Vocational and Technical Education Act of 1998 (Public Law 105-332), and the requirements contained in the Oregon State Plan for Professional Technical Education will be complied with in the operation of professional technical programs and services offered by the district or through contract between the district and other agencies, institutions, or individuals. I agree to furnish required fiscal and professional technical program data as requested by the Oregon Department of Education.

\_\_\_\_\_  
Signature of Authorized School Official

\_\_\_\_\_  
Date