



**EQUIPMENT & PD WISH LIST FOR \_\_\_\_\_ SCHOOL YEAR**

**CTE PROGRAM:** \_\_\_\_\_

**TEACHER:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**NUMBER OF CTE CLASS PERIODS TAUGHT:** \_\_\_\_\_

**DO YOU ANTICIPATE THE NUMBER OF CLASS PERIODS OR ENROLLMENTS CHANGING?**

**IF YES, HOW?** \_\_\_\_\_

**NUMBER OF STUDENTS YOU NOMINATED FOR DCTC OUTSTANDING STUDENT AWARD LAST YEAR:** \_\_\_\_\_

**THIS YEAR:** \_\_\_\_\_

**NUMBER OF STUDENTS YOU NOMINATED FOR DCTC SCHOLARSHIP LAST YEAR:** \_\_\_\_\_

**THIS YEAR:** \_\_\_\_\_

	EQUIPMENT	HOW IT RELATES TO CURRICULUM	RELATED SEGMENT(S)	COST
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**THIS REQUEST IS FOR EQUIPMENT COSTING MORE THAN \$3,000.**

EQUIPMENT PURCHASED SHOULD BE FOR STUDENT USE.

**\*\*THESE FUNDS CANNOT BE USED FOR INFRASTRUCTURE\*\***

PLEASE RETURN THE COMPLETED WISH LIST FORM TO JULIE BERGERON AT [jbergeron@dctcschools.org](mailto:jbergeron@dctcschools.org) IF MORE ROOM IS NEEDED, ADDITIONAL WISH LIST FORMS CAN BE SUBMITTED

**A QUOTE WILL BE REQUIRED AND MUST BE SUBMITTED FOR EACH ITEM REQUESTED.**