

Statewide Agricultural Education Program of Study  
- **Element # 4 Student Support Services**

The Statewide AgEd Program of Study will use the following as documentation for a unified effort to demonstrate Student Support Services. These templates are pulled directly from the FFA Proficiencies (entrepreneurship / placement) that are used within the FFA Awards and recognition program.

It would be expected that local programs / schools will have additional materials used in counseling and advising students within the specific graduation requirements of their school.

The comprehensive approach of the Statewide Agricultural Education Program of Study will assist in preparing students for Oregon’s 40/40/20 Goal and help to ensure that the Agricultural Education students are College and/or Career Ready.

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| Proficiency Cover Page.....  | 2           |
| Performance Review (Page 2 & 3 of Proficiency Application) .....                       | 3 & 4       |
| <b>Select one of the following</b>   |             |
| - Placement Skills & Activities (Page 6 & 7 of Placement Proficiency) .....            | 5 & 6       |
| - Entrepreneurship Skills and Knowledge (Page 4 of Entrepreneurship Proficiency) ..... | 7           |
| Resume (Page 9 of Proficiency Application).....  | 8           |



## Proficiency

Student Support Services  
Statewide Program of Study  
Agriculture Science and Technology

1. Name: \_\_\_\_\_  
Name on chapter FFA roster: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ (Month) (Day) (Year) 3. Age: \_\_\_\_\_
4. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female 5. E-mail: \_\_\_\_\_
6. Address: (street address required) \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_
7. Home Telephone number (including area code): \_\_\_\_\_
8. Name of Parents/Guardians 9. List Parents/Guardians Occupation Below:  
a. Father: \_\_\_\_\_  
b. Mother: \_\_\_\_\_
10. Complete FFA Chapter Name: \_\_\_\_\_
11. Name of High School: \_\_\_\_\_
12. School Address: (street/RR./box no.) \_\_\_\_\_  
School City: \_\_\_\_\_ State: \_\_ \_\_ School Zip: \_\_\_\_\_
13. School Telephone Number (including area code): \_\_\_\_\_
14. Chapter Advisor(s): \_\_\_\_\_
15. Year FFA Membership Began: \_\_\_\_\_
16. Years of Agricultural Education Completed: \_\_\_\_\_
17. Years of Agricultural Education Offered (grades 7-12) in high school last attended: \_\_\_\_\_
18. Year in school at time of applying for the award: \_\_\_\_\_
19. If you have graduated from the high school, year graduated: \_\_\_\_\_
20. State/National Dues paid? \_\_\_\_\_

We have examined this application and find that the records are true, accurate, and complete. We hereby permit for publicity purposes, the use of any information included in this application with the exception of the following:

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Parent or Guardian Signature

In addition, we certify the applicant has achieved a satisfactory record of scholastic achievement.

\_\_\_\_\_  
Chapter Advisor Signature



## **I. Performance Review**

### **A. Getting Started in this activity:**

1. Briefly describe your SAE as it is related to this proficiency area. Describe how you started in this proficiency area. What interested and motivated you to begin?

2. When you were planning your supervised agricultural experience in this proficiency area, what 2 or 3 goals and objectives did you plan to achieve at this point in your development?

### **B. Progress:**

1. Describe any special advantages or disadvantages that had a major impact on your achievements in your supervised agricultural experience program.

## **I. Performance Review**

### **B. Progress**

2. Explain how resources such as livestock, land, buildings, equipment, machinery, supplies and labor are obtained and utilized in this proficiency area.

3. Describe your marketing and/or merchandising plans for this proficiency award area.

### **C. Analysis/Evaluation of Program**

1. Describe your level of achievement and progress towards your goals (such as skills, scope, etc.) in this award area as related to the goals and objectives described on page 2, question 2.

2. Describe the personal goals, educational goals, and career goals you would like to achieve in the next ten years.



## IV. Skills and Activities

### A. Skills

List your top six placement skills and give a brief description of each one and its contribution to the success of your supervised agricultural experience program.

1. Skill Number One.

| Year                  | Skill | Where Attained | Student Hours |
|-----------------------|-------|----------------|---------------|
|                       |       |                |               |
| Description of Skill: |       |                |               |

2. Skill Number Two.

| Year                  | Skill | Where Attained | Student Hours |
|-----------------------|-------|----------------|---------------|
|                       |       |                |               |
| Description of Skill: |       |                |               |

3. Skill Number Three.

| Year                  | Skill | Where Attained | Student Hours |
|-----------------------|-------|----------------|---------------|
|                       |       |                |               |
| Description of Skill: |       |                |               |



## IV. Skills and Activities (continued)

### A. Skills (continued)

List your top six placement skills and give a brief description of each one and its contribution to the success of your supervised agricultural experience program.

4. Skill Number Four.

| Year                  | Skill | Where Attained | Student Hours |
|-----------------------|-------|----------------|---------------|
|                       |       |                |               |
| Description of Skill: |       |                |               |
|                       |       |                |               |

5. Skill Number Five.

| Year                  | Skill | Where Attained | Student Hours |
|-----------------------|-------|----------------|---------------|
|                       |       |                |               |
| Description of Skill: |       |                |               |
|                       |       |                |               |

6. Skill Number Six.

| Year                  | Skill | Where Attained | Student Hours |
|-----------------------|-------|----------------|---------------|
|                       |       |                |               |
| Description of Skill: |       |                |               |
|                       |       |                |               |

**D. Skills, Competencies, and Knowledge (List your BEST 10)**

1. List the major skills, competencies and knowledge (e.g. marketing, safety, personal skills development) that best describe what you gained technically and personally from this proficiency area. How do you think these skills, competencies, and knowledge contributed to your success in this award area?

| <b>Skills, Competencies, and Knowledge</b> | <b>Contributions to Success</b> |
|--|---------------------------------|
| 1.   | 1.                              |
| 2.   | 2.                              |
| 3.   | 3.                              |
| 4.   | 4.                              |
| 5.   | 5.                              |
| 6.   | 6.                              |
| 7.   | 7.                              |
| 8.   | 8.                              |
| 9.   | 9.                              |
| 10.  | 10.                             |

## **XII. Supporting Documentator**

### **A. Resume'**

Attach a one or two page resume' that includes the following sections:

- a. Name/address/phone number/FFA chapter
- b. Career objective
- c. Education
- d. FFA leadership activities /awards
- e. School leadership activities/awards
- f. Community leadership activities/awards
- g. Professional associations
- h. Other accomplishments
- i. References

