

**Golden State Pathways Program Technical Assistance Center Contract**

**Annual (End of Year) Report Form**

**Golden State Pathways Program Technical Assistance Center Name:**

**Pathway or Career Technical Education Pathway Director Name:**

**Date:**

Summary of services provided to grantees with existing pathway programs in the following three areas: Technical Assistance, Curriculum Development/Professional Development, and Monitoring and Reporting:

Summary of services provided to grantees with new pathway programs in the following three areas: Technical Assistance, Curriculum Development/Professional Development, and Monitoring and Reporting:

Deliverables completed (specify each expected outcome 1–9):

Challenges/issues (specify each expected outcome 1–9):

Actions taken to address issues (specify each expected outcome 1–9):