Kennewick School District

Pilot Study Request

School _________________________________ Date of Request _________________________________

Course Title _____________________________ Person/Department Requesting Pilot ________________

Starting Date for Course ___________________ Ending Date of Course ___________________________

Grade Level _____________________________ Full Year [ ] or Semester Course [ ]

Who will teach the course? _________________ Credit Course? [ ] Yes [ ] No

Type of Credit _________ Amount of Credit __________

Please attach explanatory information on any of the following items that are checked YES.

1. Do the course objectives conform to the District
   Essential Academic Learning Standards? Yes [ ] No [ ]

2. Is there currently a comparable course with
   similar objectives being taught at your school? Yes [ ] No [ ]

3. Does this course contain sensitive subject matter? Yes [ ] No [ ]

4. Will there be activities outside the classroom? Yes [ ] No [ ]

5. Does the course include on-site job experience? Yes [ ] No [ ]

6. Will the course include field trips for students? Yes [ ] No [ ]

Attach a statement addressing the following items:

A. Assessment of how course will meet student needs.
B. Student characteristics.
C. Course objectives and how they meet district Essential Academic Learning Standards.
D. Course outline.
E. Proposed course materials.
F. Start-up and long-term cost of the course (include projected funding source).
G. Statistical data used that show why this proposed course is needed and how it will improve student performance.

Approval:

Building Principal ____________________ Date ____________________

Level Assistant Superintendent ____________________ Date ____________________

Curriculum Advisory Committee Chairperson ____________________ Date ____________________

Associate Superintendent, Curriculum ____________________ Date ____________________

(Note: Building Principal should return this form to Associate Superintendent, Curriculum, for additional signatures)

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