

# 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**

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

\_\_\_\_\_  
**Level Assistant Superintendent** **Date**

\_\_\_\_\_  
**Curriculum Advisory Committee Chairperson** **Date**

\_\_\_\_\_  
**Associate Superintendent, Curriculum** **Date**