

Curriculum Material Pilot Study Request

School _____ Date of Request _____

Material Title _____ Person/Department Requesting Pilot _____

Starting Date for Course _____ Ending Date of Pilot _____

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**

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

Curriculum Advisory Committee Chairperson **Date**

Associate Superintendent, Curriculum **Date**