Kennewick School District

EQUIVALENCY CREDIT REVIEW FORM
(Review Required Every Five Years Following F 1A-2410 Initial Approval)

CTE Course Name: ____________________________   Date of Review: _______________
School: ______________________________________   Next Review Due: _____________
Equivalency Credit: _____________________________  # of Credits: __________________

Have the standards changed since the last review of this course equivalency?

☐ YES (Continue to fill out form below)
☐ NO *(Signature below is all that is required)

*Principal or CTE Director Signature:_________________________________________
Date: _______________________

If the standards have changed, attach documentation of the following:

☐ Course Description
☐ Course Outline with Updated Standards
☐ Course Framework-Updated

Curriculum or Advisory Committee responsible for this program review: _________________
Committee Members:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Committee Recommendation:

Signature of Committee Representative  ☐ Approval Standards Align  ☐ Denial Standards Do Not Align

__________________________________________________________________________

CTE Director  Asst. Sup Secondary Ed  Date