

BEDFORD CITY SCHOOLS

New/Revised Course Recommendation

Date _____

Building _____ Grade _____ Department/Area _____

Name of Course/Program _____

Faculty Liaison's Signature _____ Date _____

Principal's Signature _____ Date _____

Director's Signature _____ Date _____

Please supply responses with supporting data in the following areas:

1. Describe the proposed curricular offering. When should it be implemented?

2. Describe the need(s) which the new offering would meet.

3. What criteria will be used in selecting the students to be enrolled in this program/course?

4. Will additional staff be needed? What effect will staffing this program/course have on other staffing patterns?

5. Will a summer curriculum study be necessary? How many persons? How many days?

6. Where will this program/course be housed? What impact will this program/course have on other facilities? Is any building remodeling needed?

7. How will the existing curriculum be affected? (Consider enrollment, scheduling, etc.) How will students progress through the curriculum? (Comment on the sequence and articulation of the curriculum.)

8. What is the estimated cost of the program/course?
 - A. Facility change:
 - B. Personnel:
 - C. New equipment:
 - D. Textbooks:
 - E. Materials:
 - F. Other (specify):

Please keep a copy of this form for your records.