

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303

Bainbridge Island, Washington

NEW COURSE/PROGRAM PROPOSAL

Please complete in duplicate

Submitted by: _____ School: _____ Date _____

Proposed Course/Program Title: _____

Grade Level: _____ Department: _____ Length of Course/Program: _____

Course Objectives:

Brief description of how this course/program will meet current needs not being met by other courses/programs (needs Assessment):

Relationship of this course/program to school and/or district goals:

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Brief description of parent/community input:

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Prerequisite(s) for this course:

Statement on impact:

1. Personnel:

2. Inservice:

3. Facilities:

4. Other requirements (special transportation, scheduling, etc.):

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Text and supplementary materials to be used (include publisher and copyright):

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Approximate cost of materials:

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