

# *Annual Curriculum Cycle*

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## **CURRICULUM PROPOSAL** - Cover Page

Project Title:

School Year of Proposed Implementation: 20\_\_ - \_\_

Sponsor(s):

Standard(s) or District Goal(s) Addressed – if any:

Preliminary Proposal Approved by the Superintendent? Project # \_\_\_\_\_ Date: \_\_\_\_\_

Project Description Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

Budget Impact Statement Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

<u>Project Time Line</u>	<u>Start Date</u>	<u>End Date</u>
Proposal Phase	_____	to _____
Planning Phase	_____	to _____
Implementation Phase	_____	to _____

Comments:

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

ENDORSEMENTS:

Building Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Curriculum Council: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Education: \_\_\_\_\_ Date: \_\_\_\_\_

*CURRICULUM PROPOSAL*

**PROJECT DESCRIPTION**

Give a complete description of the proposed curriculum change. Be sure that the following items are covered:

- \* Standards, District, Building and/or Unit Goal(s) being addressed.
- \* Historical educational perspective
- \* Student population to be served by the change, addition or deletion.
- \* Curriculum to be supplanted by the change, addition, or deletion.
- \* Expected educational outcomes of the curriculum change.

NOTE: You may support your proposal with charts, models or other support documents by attaching them to the curriculum proposal, provided they are properly referenced in the project description.

**BUDGET IMPACT STATEMENT**

**PLANNING COSTS**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total \$	_____

**INITIAL COST (Start-up)**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total \$	_____

**ON GOING COST (Annual cost)**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total \$	_____

**REDUCED COST (Savings due to dropped or supplanted programs.)**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total \$	_____

**NET COSTS BY YEAR**

1st year	20	_____	-	_____	\$ _____
2nd year	20	_____	-	_____	\$ _____
3rd year	20	_____	-	_____	\$ _____

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**ENDORSEMENT**

Business Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_