

Jefferson County Schools
Curricular Change Request

School _____

1. Request to: (Check only one - Separate form is to be completed for each curricular change.)
 _____ A. Add a class
 _____ B. Delete a class
 _____ C. Revise curriculum
 _____ D. Other, please explain _____

2. Course title: _____
3. Reason for change: _____

4. Will this change require additional staffing? _____ Yes _____ No
5. Will this change require the purchase of additional materials? _____ Yes _____ No
 If yes, what is the estimated cost? _____
6. School year to be implemented? _____
 (DUE JANUARY 2 PRIOR TO IMPLEMENTATION)
7. Has a course outline/curriculum guide been prepared? _____ Yes _____ No
 If no, will one be completed before class begins? _____ Yes _____ No
 (An agreement to develop the curriculum must accompany this request if curriculum is needed.)
8. Has a student assessment been done to determine interest? _____ Yes _____ No
9. Has the research and development been done to bring this curriculum to the implementation state? _____ Yes _____ No
10. Comments: _____

_____ RECOMMENDED

_____ NOT RECOMMENDED

Principal's Signature _____ Date _____

_____ APPROVED

_____ NOT APPROVED

Associate Superintendent's

Signature _____ Date _____