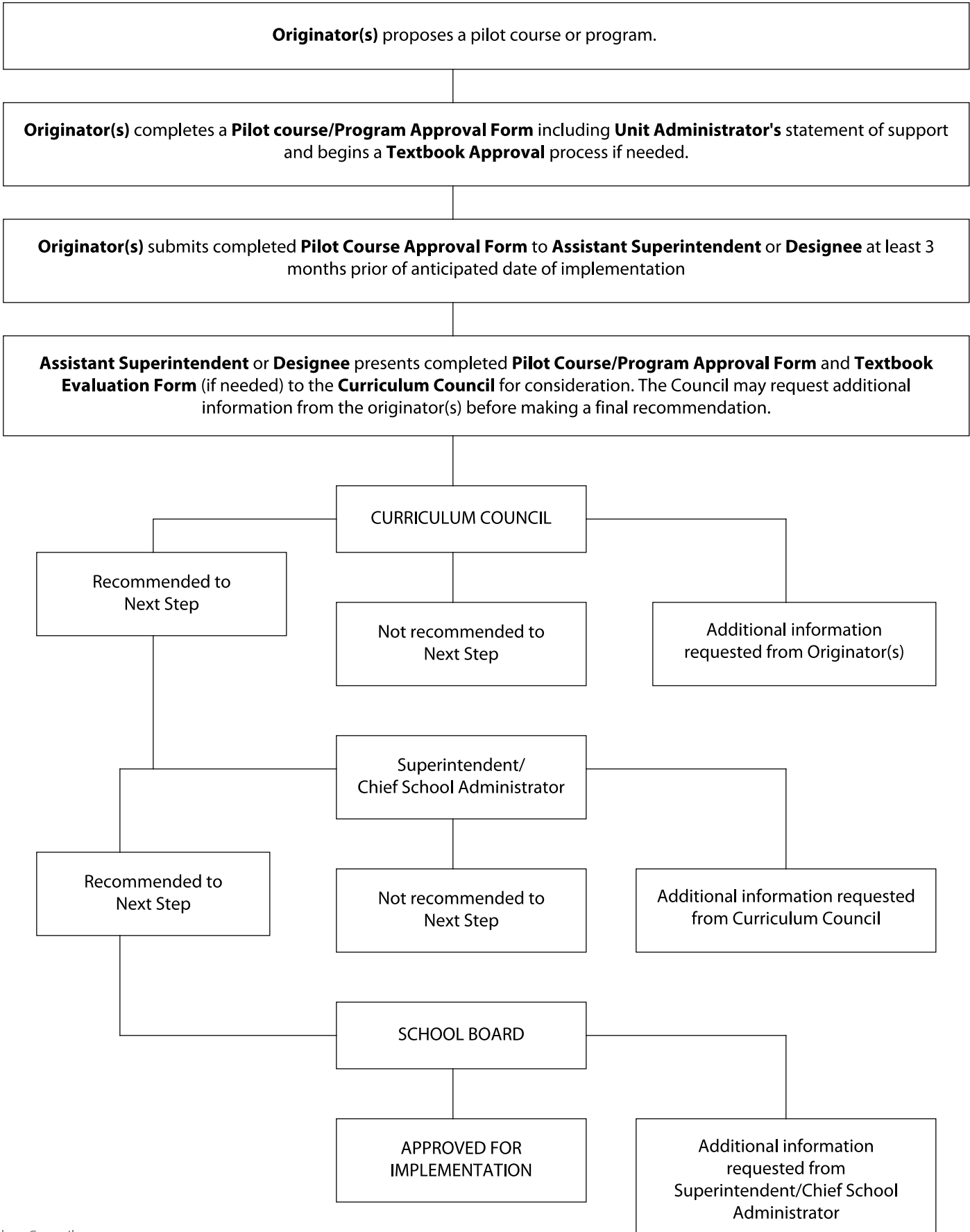


# APPROVAL PROCESS FOR PILOT COURSE/PROGRAMS

Print Form

A pilot course or program tests an innovative strategy on a small number of students over a short time period (two years or less) to determine its effectiveness.



**PILOT COURSE/PROGRAM APPROVAL FORM**

A pilot course or program tests an innovative strategy on a small number of students over a short time period (two years or less) to determine its effectiveness.

Course/Program Title:  Pilot Course Number:   
(Assigned by the Dept. of Instruction following Board approval)

Grade Level(s) Involved:  Site:

Pilot Start Date:  End Date:

**PART 1 INNOVATION(S)** - Check one or more of the following innovations which this pilot project will test.

Check	Innovation	Explanation <small>(How does this pilot differ from existing programs?)</small>
<input type="checkbox"/>	Steps out of established curricular boundaries	<input type="text"/>
<input type="checkbox"/>	Using a significantly different scope and/or sequence for instruction.	<input type="text"/>
<input type="checkbox"/>	Uses a significantly different methodology for instruction.	<input type="text"/>
<input type="checkbox"/>	Other innovation (specify):	<input type="text"/>

**PART 2 Rationale:** Describe your expectations for this pilot course/program to improve student achievement and/or enable more students to achieve the academic standards. (Should be based on research and/or best practice)

**PART 3 Description:** Describe the proposed course/program. Be sure to address how the proposed course/program addresses subject or grade level outcomes and standards.

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**PART 4 Evaluation:** Describe how you will measure the effectiveness of this pilot project.

**PART 5 Instructional Materials:** List the instructional materials that will be used. If students will be using a new textbook, a Textbook Evaluation Form must be completed by the pilot project originator and attached for consideration by the Curriculum Council and School Board.

**PART 6 Budget:** Describe the costs involved in this pilot course/program, including funding sources.

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**PART 7**

**District Impact:** Describe potential impacts on other district sites given the transfer rate within the Matanuska-Susitna Borough School District.

**Unit Administrator(s) Statement of Support:**

I have reviewed this Pilot Course/Program Form and support its implementation.

Check this box for electronic signature

**Name:**

**Date:**

**Signed By** \_\_\_\_\_

**PART 7**

**Comments:**

**PLEASE SUBMIT THIS COMPLETED FORM TO THE ASSESTANT SUPERINTENDENT OR DESIGNEE.**