

Date of 1st Read: \_\_\_\_\_

Date of 2nd Read: \_\_\_\_\_

## Paradise Unified School District

6696 Clark Rd., Paradise, CA 95969  
Educational Services

### Course Proposal Form

School: \_\_\_\_\_ Course Title: \_\_\_\_\_

Cooperating Agency (if applicable): \_\_\_\_\_

1. Course Length: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Credits: \_\_\_\_\_

2. Instructor: \_\_\_\_\_ Required Credential: \_\_\_\_\_

3. Course Being Replaced: \_\_\_\_\_

4. Proposed Implementation Date: \_\_\_\_\_ **Board Approved**  
**Date:** \_\_\_\_\_

5. Course Description (to be included in Program Planning Guide):

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6. Outline of topics covered in course:

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7. Prerequisite skills, courses, proficiencies: \_\_\_\_\_

8. Text/instructional materials required: \_\_\_\_\_

9. Class size recommendation: \_\_\_\_\_

10. Facilities needed for course: \_\_\_\_\_

Person submitting proposal: \_\_\_\_\_ Date: \_\_\_\_\_

**Dates of Approval**

	<b>Name (please print)</b>	<b>Signature</b>	<b>Date of Approval</b>
Department Chair			
Guidance Department Chair			
Program Director			
Site Administrator			
Assistant Superintendent			
Board of Trustees			

Course description returned to site for Program Planning Guide on \_\_\_\_\_ .  
Date