

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):

6. Outline of topics covered in course:

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

	Name (please print)	Signature	Date of Approval
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