



**LAKE PLACID CENTRAL SCHOOL DISTRICT
Curriculum Work Application to Support the Annual Curriculum Cycle**

Project Title:

Subject/Class/Grade Level:

School Year of Proposed Implementation 2012-2013

Teacher/Faculty Sponsor(s):

Date submitted to Principal: _____

Project Cost: _____

Project Time Line

Start Date

End Date

Proposal Phase

Planning Phase

Implementation Phase

Final Product to Bldg. Principal

Time Sheet submitted to
Business Office

Comments:

Submitted by: _____

Date: _____

Date: _____

Date: _____

REVIEW & ENDORSEMENTS:

Building Administrator:

Comments:

Signature

Date:

Curriculum Team:

Comments:

Signature

Date:

Superintendent:

Date:

Comments:

Signature

Date:

Preliminary Proposal Approved by the Superintendent? Project # _____ 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.

Project Description Attached? _____ Yes _____ No

Budget Impact Statement? _____ Yes _____ No

BUDGET IMPACT

Name of Person(s) working on the project.	# of project hours per. Person _____	Cost per. Hour for individual person (X) _____ =	Sub Total
1)			
2)			
3)			
4)			
		TOTAL Project Cost	

Board of Education Review:

Date: