Kennewick School District

Pilot Study Request

School _____   Date of Request_____

Course Title_____   Person/Department Requesting Pilot _____

Starting Date for Course _____   Ending Date of Course _____

Grade Level_____   Full Year ☐ or Semester Course ☐

Who will teach the course?_____   Credit Course? ☐ Yes ☐ No

Type of Credit _____Amount of Credit _____

Please attach explanatory information on any of the following items that are checked YES.

1. Do the course objectives conform to the District
   Essential Academic Learning Standards?   Yes ☐☐   No ☐
2. Is there currently a comparable course with
   similar objectives being taught at your school?   Yes ☐☐   No ☐
3. Does this course contain sensitive subject matter?   Yes ☐☐   No ☐
4. Will there be activities outside the classroom?   Yes ☐☐   No ☐
5. Does the course include on-site job experience?   Yes ☐☐   No ☐
6. Will the course include field trips for students?   Yes ☐☐   No ☐

Attach a statement addressing the following items:

A. Assessment of how course will meet student needs.
B. Student characteristics.
C. Course objectives and how they meet district Essential Academic Learning Standards.
D. Course outline.
E. Proposed course materials.
F. Start-up and long-term cost of the course (include projected funding source).
G. Statistical data used that show why this proposed course is needed and how it will improve student performance.

Approval:

_____   _____
Building Principal   **Date**   **Level Assistant Superintendent**   **Date**
(NOTE: Building Principal should return this form to Associate Superintendent, Curriculum, for additional signatures)

_____   _____
Curriculum Advisory Committee Chairperson   Date   **Associate Superintendent, Curriculum   Date**