COURSE PROPOSAL FOR CREDIT REVISION OR EQUIVALENCY CREDIT
FOR OCCUPATIONAL EDUCATION ONLY

Name: _____ Date: _____

School: _____ Course Title: _____

Proposed equivalency credit: _____ # of Credits _____

Graduation Requirement(s) this course will fulfill: _____

Attach documentation to include the following:
1. Course Description
2. Course Outline and Course Competencies
3. Identification of EALR's addressed
4. Identification of the application of EALR's taught in the context of preparing for work.
5. Identification of the career specific competencies related to the industry.
6. Identification of how students will acquire information and experiences that provide knowledge of more than one career within their chosen pathway.
7. Identification of the skills and competencies related to employability and leadership skills.
8. Identification of how # 4 through #7 above will be assessed.

Curriculum or advisory committee responsible for this program/course: _____
(Attach minutes from the meeting approving the recommendation for equivalency credit.)

Committee Recommendation: ☐ Approval ☐ Denial

_____ _____
Principal Signature Date

Equivalency Credit Committee Review

Committee Members:

_____ _____
_____ _____
_____ _____

_____ Committee Recommendation:
Signature of Program Administrator ☐ Approval ☐ Denial

_____
Date

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☐ Approval ☐ Denial

_____ _____
Signature of Executive Director of Secondary Education Date

June 2002