

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 and GLE's taught in the context of preparing for living, learning and working.
5. Identification of the industry defined standards and how students will demonstrate the foundation and occupation specific skills.
6. Identification of how students will acquire information and experiences that provide knowledge of career options within the related pathway.
7. Identification of the skills and competencies related to employability skills 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

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Equivalency Credit Committee Review

Committee Members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Program Administrator

Committee Recommendation:  
 Approval             Denial

Date: \_\_\_\_\_

.....  
 Approval             Denial

\_\_\_\_\_  
Signature of Asst. Superintendent of Secondary Education

\_\_\_\_\_  
Date