

Kennewick School District

EQUIVALENCY CREDIT REVIEW FORM
(Review Required Every Five Years Following F 1A-2410 Initial Approval)

CTE Course Name: _____ Date of Review: _____

School: _____ Next Review Due: _____

Equivalency Credit: _____ # of Credits: _____

Have the standards changed since the last review of this course equivalency?

YES (Continue to fill out form below)

NO *(Signature below is all that is required)

*Principal or CTE Director Signature: _____

Date: _____

If the standards have changed, attach documentation of the following:

Course Description

Course Outline with Updated Standards

Course Framework-Updated

Curriculum or Advisory Committee responsible for this program review: _____

Committee Members:

Committee Recommendation:

Approval
Standards Align

Denial
Standards Do Not Align

Signature of Committee Representative

CTE Director

Asst. Sup Secondary Ed

Date