

# CURRICULUM DEVELOPMENT FORM

**Teacher:** \_\_\_\_\_ **Course:** \_\_\_\_\_

*Purpose:*

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*Need:*

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*Expected Outcome:*

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Estimated Time Commitment: \_\_\_\_\_ (hours)

Estimated Completion Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Approval for Work:

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Principal

Signatures of Review and Acceptance of Curriculum:

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Principal