

Lawton Public Schools
District Educational Improvement Council
Proposal for Pilot or New Course

Please submit to the Assistant Superintendent

Contact Person _____ School _____

Date _____ Telephone _____

I. Title of pilot program or course

II. Narrative (Attach statement)

- A. Brief description of proposed course or pilot
- B. Intended student population
- C. Length of course. (1 semester or 2 semesters)
- D. Rationale
 - 1. Statement of need
 - 2. Purpose of proposed course or pilot program
 - 3. Goal(s) to be achieved
- E. Describe how this course or pilot program aligns with national, state, and district standards
- F. Describe how this course or pilot program will be assessed and evaluated

III. Needs (Attach statement)

- A. Projected cost/funding source
- B. Materials/supplies/equipment
- C. Classroom space/furniture
- D. Staffing (Include type of certification)

Contact Person's Signature

Principal's Signature

DEIC Use Only

_____ Approved _____ Denied _____ Returned for Additional Information

DEIC Chairperson's Signature _____ Date _____

Comment: _____

_____ Approved _____ Denied _____ Returned for Additional Information

Superintendent's Signature _____ Date _____