DANVERS PUBLIC SCHOOL

APPENDIX C COURSE APPROVAL FORM

Please reproduce in Yellow

TO: Assistant Superintendent

FR: _____/_____
(Name) (Position)
_____/_____
(School) (Dept.)

1. Course name:_____

2. Date of course:_____

3. Attached is a course description from: (Please check one)

College Catalog ( ) Study Group ( ) Local Inservice ( )

4. Number of credits requested: _____ or Payment:_____

5. Credit Payment: one credit =$60
two credits =$90 Amount Received:_____
three credits =$120

Please make check payable to the Danvers Public Schools

6 Circle areas that this course/study group addresses: (please check one)

a. 6Traits	i. Assessment
b. Investigation	j. Reading Fluency
c. TechPaths/Curriculum Mapping – new or revised	k. Inquiry-Based Learning
d. Differentiated Instruction	l. NEAS&C
e. Open Circle/Character Ed/A World of Difference	m. Community Service Learning
f. Primary Source	n. Shared Leadership
g. Turning Points	o. Professional Learning Communities
h. Co-Teaching Programs	

7. When do you expect to complete Appendix C?_____

APPROVAL

_____ _____
Susan Ambrozavitch Date
Assistant Superintendent of Schools

Rev. 7/07