

Schedule of Activities/Instructional Outcomes

Week 1	
Week 2	
Week 3	
Week 4	
Week 5	
Week 6	
Week 7	
Week 8	
Week 9	
Week 10	

Schedule of Activities/Instructional Outcomes

Week 11 _____

Week 12 _____

Week 13 _____

Week 14 _____

Week 15 _____

Week 16 _____

Week 17 _____

Week 18 _____

I have reviewed the requested course description and verify that it meets the requirements of state correspondence statutes.

Certified Teacher: _____ Date: _____

Board Action:

_____ Approved _____ Denied (reason _____)

APC Chair: _____ Date: _____