



FPCS CURRICULUM APPROVAL REQUEST FORM

Submit this form to the APC Curriculum sub-committee for review along with a copy of material for review.

Curriculum Name/Title: _____

Publisher: _____

Publication Date/Edition: _____ Date Submitted _____

Website URL: _____

Subject Area: English/Language Arts Math Music Physical Education
 Social Studies STEM Art Other _____

Grade level(s): K 2 4 6 8
 1 3 5 7 9 – 12

Comments/Rationale: _____

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

Certified Teacher: _____

Certified Teacher: _____

Certified Teacher: _____

Board Action: *Check all that apply*

Approved for Use as Full Curriculum Approved for Use as Supplemental Curriculum

Approved for Purchase/Reimbursement Denied

APC Chair: _____ Date: _____