

**PORT WASHINGTON – SAUKVILLE SCHOOL DISTRICT  
CURRICULUM WORK PROPOSAL**

|   |  |                                 |  |
|---|--|---------------------------------|--|
| Staff person(s) making request:   |  | Curriculum area / course title: |  |
| Primary contact:  |  | Grade level:                    |  |
| Phone extension:  |  | # hours requested (per person): |  |
| Please check all that apply:  | <input type="checkbox"/> New curriculum <input type="checkbox"/> Full year <input type="checkbox"/> Standards<br><input type="checkbox"/> Revision <input type="checkbox"/> Semester <input type="checkbox"/> Special project: |                                 |  |
| Description of work to be completed (please be specific and use back if necessary): | <input type="checkbox"/> Scope and Sequence <input type="checkbox"/> Shared activities/resources<br><input type="checkbox"/> Standards reference <input type="checkbox"/> Assessments<br>Comments:                             |                                 |  |
| Desired date(s) to do work:   |  |                                 |  |

**FOR OFFICE USE ONLY**

Approved     Not approved    # hours authorized \_\_\_\_\_

Account #: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Director of Instructions Signature

\_\_\_\_\_  
Date