

Lake Shore Central Schools

Curriculum Development Project Proposal Form

Submitted by: _____ Date: _____

Name(s) of team members:

Comments:

Project Start Date: _____

Project End Date: _____

Location: _____

Subject Area(s) to be addressed by project: _____

Grades: _____

Course(s):

Common Core Standards (specify):

PD Hours

If stipend funding is not available, would you (your team) consider working on the project for PD hours?

Yes

No

Choose one:

Stipend

Projected Number of Hours Total per Person:

Project Description and Justification:

Please note that the final project shall be submitted to the Office of Assistant Superintendent via email upon completion - melissa.bergler@lscsd.org

Department Chair or Elementary Core Curriculum's Signature

Date

Administrator's Signature

Date

Please return this application with any supporting documentation to: Melissa Bergler, Asst. Superintendent

You will get this form back notifying you of approval or rejection. If approved, please return form back to Melissa Bergler upon completion of your project.

District Office Use Only

Approved

Rejected

Comments (if applicable):

of Participants:

Total Hours:

PD or Curriculum Rate = \$29.56/hour

Assistant Superintendent for Instruction Signature

Date