

District Name: _____ District #: _____

Developed By: _____ Date Developed: _____

School Name: _____ Principal's Name: _____

Board Authorized Approval Date: _____

Board Authorized Signature: _____

Course Information:

Name of BAA Course: _____ Grade Level of Course: _____

Number of Course Credits: _____ Number of Hours of Instruction: _____

Prerequisite(s): _____

Special Training Facilities or Equipment Required:

Course Synopsis:

Rationale:

Organizational Structure:

Unit Descriptions:

Learning Outcomes and Curriculum Organizer:

Instructional Components:

Assessment Components:

Learning Resources:

Additional Course Information:
