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PROPOSAL FOR CHANGE – CURRICULUM

LOG NUMBER:

DATE REC'D:

☐ **EMD** ☐ **EFD** ☐ **EPD**

☐ **ED-Q** ☐ **ETC** ☐ **Other:** _____

Area(s) of Curriculum affected:

☐ PowerPoint Presentation: Slide No(s). _____

☐ Wav File: Slide No(s)d. _____

☐ Video: Title(s) _____

☐ Workbook: Page(s) _____

☐ Scenario Book: Page(s)_____

☐ Other: Explain _____

DESCRIPTION OF PROPOSED CHANGE

To the Curriculum Council: Please accept for your review the attached Proposal for Change to the curriculum areas noted above. SUMMARIZED as follows:

_____

_____

_____

_____

_____

_____

I have included the following supportive material:

☐ Graphic or written description of proposed change
☐ Explanation of problem with current standards
☐ Explanation of desired effect of proposed change
☐ PowerPoint Slide Presentation
☐ Wav File or Audio Tape with transcription and outcome
☐ Video Clip or Tape
☐ References or copies of cited studies or articles

The number of attached pages is:_____ (indicate date and instructor/organization/agency on all papers)

RECOMMENDING CONTACT PERSON

_____
Signature | Date Submitted

_____
Full Name (please print) | Primary Phone Number

_____
E-mail Address | FAX and/or Alternate Phone Number

_____
Address for Correspondence

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City | State/Prov./Shire | Zip/Postal Code | Country

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SETTING THE COURSE FOR EMERGENCY DISPATCH WORLDWIDE