

WESTFORD PUBLIC SCHOOLS
23 Depot Street, Westford, MA 01886
Study Group Proposal

Topic: _____

Participant/s:	Grade/Subject(s):	School(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please * the name of the facilitator.)

Proposed Number of Meetings: _____ **Proposed Meeting Dates & Times:** _____

Number of PDPs requested: _____

Study Group Purpose: _____

Scope of Study Group: _____

Relationship to Massachusetts Curriculum Frameworks (including Common Core State Standards), Strategic Plan, School Improvement Plan and/or Curriculum Priorities: _____

Principal's Signature: _____ **Date:** _____

This portion will be filled out by the Curriculum Office.

Approved # participants: __ # days: __ Disapproved - Reason if not approved: _____

Approval: _____ Date: _____
Assistant Superintendent of Curriculum & Instruction

*2 PDPs for each hour of meeting, assuming one hour of preparation for each hour of meeting.