

**Londonderry School District  
Curriculum Study Initiative Form**

**Initiative Name:** \_\_\_\_\_

**Purpose of Study:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Evidence for Study:** (i.e. assessment data, age of texts, change in state curriculum requirements, minimum standards, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Fiscal Year for Study:** \_\_\_\_\_

**Correlation to Goals:** (What is the correlation to the Strategic Plan – goal and priority areas?)

\_\_\_\_\_  
\_\_\_\_\_

**Sponsor:** (What level or department is asking for the study?)

\_\_\_\_\_

**Manager:** (Who owns responsibility of curriculum study?) \_\_\_\_\_

**Timeline:** (Describe timeline toward a pilot with key dates.)

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