**CURRICULUM REPORT INSTRUCTIONS**

**General Information**

The Curriculum Report is to be completed near the beginning of the project. It is generally due at the end of the first trimester. If changes to the training plan occur, a revised Curriculum Report must be submitted. Please note that significant changes to the training plan are subject to approval by MJSP.

 **Section A. Major Curriculum Goals.**

Indicate the major goals of the training project or indicate the needs that the training will address.

 **Section B. Curriculum Topics.**

This section must be completed in its entirety.

**Course Name**. In the first column, list the course titles or individual topics to be provided. Add additional rows if needed.

**Provider**. In this column, indicate who the training provider will be for the course.

**New, Existing or Customized**. In this column, indicate whether the course will be newly developed, is an existing course that will essentially be offered as is, or if it is an existing course of which the content will be customized to the business partners specific needs.

**Delivery Method**. In this column, indicate the delivery method for the course. Examples of delivery methods include, but are not limited to, CD ROM, Classroom, Internet/On-line, ITV, Lab, On-the-Job, Simulator, Video, and Virtual Reality Simulator.

**Credits or CEU’s**. In this column, indicate whether trainees will earn any credits or CEU’s for the course. Include the number of credits or CEU’s that will be earned (i.e. 2 credits).

 **Section C. Certifications**

List the names of any types of certification, degree or diploma that the trainees are expected to obtain through this program. Also indicate whether or not the certification, degree or diploma program will be newly developed through this project. Also include any industry certifications. Add additional rows if needed

 **D. Training Materials**

List all texts, audio/visual materials, software, etc. that will be used in the project. Add additional rows if needed.

**E. Methods of Evaluation**

List any evaluation instruments that will be used to assess trainee outcomes. If the process of evaluation involves a large number of instruments or techniques, please describe the general process and provide a few representative samples. Add additional rows if needed.

**F. Authorized Signature**

The curriculum report should be signed by the individual listed in the grant application as the contact person for the project. If a different person will sign the report, please provide an explanation.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Minnesota Job Skills******Partnership***(651)259-7514 | Curriculum Report |  |  |
| **Date:** |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Project #:** |  | **Project Name:** |  |
| **Grantee:** |  | **Telephone:** |  |
| **Project Administrator:** |  | **E-Mail:** |  |

|  |
| --- |
| Note: If you have attached additional materials, please refer to the attachments in the appropriate sections of this report. |
|  |
| **A. Major Curriculum Goals** |
| **Please list and describe the major goals the curriculum is to address.** |
|  |

|  |
| --- |
| **B. Curriculum Topics** |
| **Indicate courses to be offered; the training provider for each course; whether the course will be newly developed, is existing and being offered as is or is an existing course that is being customized; the delivery method (i.e. classroom, on-the-job, CD-ROM, etc.); and the number of credits or CEU’s for each course if applicable.** |
| **Course Name** | **Provider** | **New, Existing or Customized** | **Delivery Method** | **Number of Credits or CEU’s** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **C. Certification** |
| **List name(s) of any type of certification, degree or diploma trainees are expected to obtain through this program.** | **New (Yes/No)** |
|  |  |
|  |  |

|  |
| --- |
| **D. Training Materials** |
| **List training material by title/author** | **Describe the materials and how they will be used in the project.** |
|  |  |
|  |  |

|  |
| --- |
| **E. Methods of Evaluation** |
| **List the instrument(s) or****mechanism(s) to be used.** | **Describe how the test instruments will be applied.** |
|
|  |  |
|  |  |

|  |
| --- |
| **F. Authorized Signature** |
| **Project Director:** |  | **Signature:** |
| **Title:** |  | **Date:** |  |

*Revised 6/15*