

Achievement, Learning & Leadership

REQUEST FOR APPROVAL OF A NEW COURSE

Instructions for submission:

Please print or type the following information and submit one form per course to the Content Area Facilitator. The Content Facilitator will submit to the Deputy Superintendent of Achievement, Learning & Leadership for final review.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

General Information			
Course Title:		Subject Code/Content Area Abbreviation: (e.g. CE/SS = Economics/Social Studies)	
Suggested Course Code: (limit 10 characters – e.g. SC.BIOCHEM – please refer to course catalog)		Subject code calculates which high school graduation requirement the course satisfies first.	
Starting Date:	Grade Level(s):	<u>Subject Codes:</u>	
State/SCED Course Code: Select the five-digit SCED code that best fits the course from the current SCED file spreadsheet link below. http://nces.ed.gov/forum/SCED.asp		English=EN (1-8) Amer Hist=AH Civil Gov=CG Soc Studies = SS Algebra1=AG Gen Math=MA Phys Science=PS Biology=BI Gen Science=SC Phys Educ=PE Health=HL Humanities=HU Econ=CE Computer Ed=CM Electives=EL Practical Arts=PA (2017-2020) Postsecondary Workforce Readiness=PW (2021+)	
Length of Course ____ Quarter(s): <input type="checkbox"/> ____ Semester(s): <input type="checkbox"/>	Credit per course: (e.g. 1 or 2 per sem)	Content Area abbreviation designates where the course will be listed in the online Secondary Course Catalog	
Submit to NCAA: <input type="checkbox"/> *Please refer to NCAA for requirements.	School:	Please refer to the middle or high school content area abbreviations in the respective course catalog. This should coincide with your <i>suggested course code</i> prefix.	
Credit Type: Elective <input type="checkbox"/> Required Credit <input type="checkbox"/> Specific Requirement(s) satisfied in this order :			
Course Prerequisite (if none please state):			
Does the course replace or extend one already in existence? Yes <input type="checkbox"/> No <input type="checkbox"/> If “yes” please explain			
Ideas and/or need for this course originated with:	Students: <input type="checkbox"/>	Department: <input type="checkbox"/>	Academic Staff: <input type="checkbox"/>
	Counselors: <input type="checkbox"/>	Individual Teacher: <input type="checkbox"/>	Other (specify):
Brief course description, as it will appear in the Course Catalog:			

Course Outline
<u>Attach a course outline that includes:</u>
I. Standards/Benchmarks./Performance Indicators
II. Assessment (Course, State, District, etc. [CSP, SWA, end of course, DALT, etc.]).
III. A. Content/Skills B. Instructional methods C. Materials/Resources
IV. Classroom Assessments
V. Interventions

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The **Submitter/Teacher**, I have read this course for approval.

Printed/Typed Name

Signature of Submitter/Teacher

Date

The **Department Chairperson**, after consultation with appropriate staff and the teachers who will teach the course:

RECOMMEND

DO NOT RECOMMEND

Printed/Typed Name

Signature of Department Chairperson

Date

Comments:

The **Principal**, after consultation with the department chairperson concerning the recommended course ensuring it meets standards, and:

RECOMMEND

DO NOT RECOMMEND

Printed/Typed Name

Signature of Principal

Date

Comments:

The **Content Facilitator**, expressing the action of the Curriculum Committee:

RECOMMEND

DO NOT RECOMMEND

Printed/Typed Name

Signature of Content Facilitator

Date

Comments:

The **Deputy Superintendent or Designee**:

RECOMMEND

DO NOT RECOMMEND

Printed/Typed Name

Signature of Deputy Superintendent or Designee

Date

Comments: