

New Course Approval

School _____ Date of Request _____

Course Title _____ Person/Department Requesting Approval _____

Has course been piloted? _____ Projected first offering date: _____

Grade Level _____ Full Year _____ or Semester Course: _____

Who will teach the course? _____ Type of Credit _____ Amount of Credit _____

Please attach explanatory information on any of the following items that are checked YES.

- | | | | | | |
|--|-----|--------------------------|--------------------------|----|--------------------------|
| 1. Do the course objectives conform to the District Essential Academic Learning Standards? | Yes | <input type="checkbox"/> | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Is there currently a comparable course with similar objectives being taught at your school? | Yes | <input type="checkbox"/> | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Does this course contain sensitive subject matter? | Yes | <input type="checkbox"/> | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Will there be activities outside the classroom? | Yes | <input type="checkbox"/> | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Does the course include on-site job experience? | Yes | <input type="checkbox"/> | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Will the course include field trips for students? | Yes | <input type="checkbox"/> | <input type="checkbox"/> | No | <input type="checkbox"/> |

Attach a statement addressing the following items:

- A. Assessment of how course will meet student needs.
- B. Student characteristics.
- C. Course objectives and how they meet district Essential Academic Learning Standards.
- D. Course outline and Course Syllabus.
- E. Proposed course materials and/or technology needs.
- F. Start up and long-term cost of the course (include projected funding source).
- G. Statistical data used that show why this proposed course is needed and how it will improve student performance.
- H. If a pilot was conducted, please include evaluation information.

Approval:

_____ Date _____ Level Assistant Superintendent _____ Date _____

(NOTE: Building Principal should return this form to Associate Superintendent, Curriculum, for additional signatures)

_____ Date _____ Associate Superintendent/Curriculum _____ Date _____

High School Department Chair (if High School material)

_____ (Kamiakin)

_____ (Kennewick)

_____ (Southridge)