

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 No
2. Is there currently a comparable course with similar objectives being taught at your school? Yes No
3. Does this course contain sensitive subject matter? Yes No
4. Will there be activities outside the classroom? Yes No
5. Does the course include on-site job experience? Yes No
6. Will the course include field trips for students? Yes No

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:

Building Principal Date _____ Level Assistant Superintendent Date _____

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

Curriculum Advisory Committee Chairperson Date _____ Associate Superintendent/Curriculum Date _____

High School Department Chair (if High School material)

_____ (Kamiakin)
_____ (Kennewick)
_____ (Southridge)