Kennewick School District

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)

sjl 10.24.11