

Office of Curriculum and Instruction



Course Proposal / Change Request

Proposed Course Title: _____

Is this New Course Revision to Course

School Building: _____

Department: _____

Grade Level: _____

Credits: _____

Course Length: _____

Meeting Frequency: _____

Anticipated Enrollment: _____

Prerequisites (if applicable): _____

1. **Rationale:** *(brief description of student/school needs/purpose of course, benefits & anticipated student outcomes.)*

2. **Course Description:** *(Short descriptive paragraph highlight major focus of course. To be used for course catalog.)*

3. *Course Topics Outline: (Course outline which includes the major topics and concepts.)*

4. **Major Course Requirements:** *(List major projects, assessments, etc.)*

5. **Course Text(s)/Readings/Materials:** *(Include text, computer/technology tools & supplementary information.)*

6. **District / Common Core Learning Standards (CCLS) for Course:** *(Identify all standards & benchmarks addressed throughout the course of study.)*

7. OTHER PERTINENT INFORMATION

A. This course will be: *(please check one)*

An addition to the department's offering

A replacement for _____

A pilot study

B. This course will require *(please check the following appropriate boxes)*

The adoption of a new textbook *(Submit a minimum of two suggested textbooks for review)*

The use of a text previously adopted and in use

There is no textbook used for this course

C. This course will require *(please check appropriate spaces)*

Specialized organization of teacher time

Specialized room arrangement or equipment *(explain below)*

Specialized student grouping or sectioning

Curriculum planning time

Specialized technology

8. Financial Impact *(first year)*

Added Personnel	How Many	Cost per professional	Total Cost
Professional			
Non-Professional (Teaching Assistants, etc.)			
Added Materials <i>(include name of textbook, publisher and edition to be reviewed for at least two textbooks)</i>	How Many	Cost per textbook	Total Cost
1)			
2)			
3)			
4)			
5)			
6)			
Supplies			
Added Equipment <i>(ex. Technology or software)</i>	How Many	Cost/item	Total Cost

9. Financial Impact: *(Explain projected costs for personnel, materials, and equipment for subsequent years.)*

10. Explain what extent this curriculum change will affect the teacher course preparation each semester?

11. To what extent does this course conflict with the content and/or student availability of other courses in your department?

12. To what extent does this course conflict with courses offered in other departments?

13. What course(s) could be deleted if this curriculum change is adopted?

14. This proposed course must be discussed with other members of your department prior to submitting this form.
(Briefly describe the outcome of these discussions.)

15. Explain how this course will correlate with the District's Strategic Plan.

16. If approved, this course will begin: (semester/year)

Submitted by: (please print)

Signature: _____

Date: _____

DISTRICT REVIEW

Principal Approval: (please print)

Signature: _____

Date: _____

Comments: _____

Director of Curriculum & Instruction:

Signature: _____

Date: _____

Comments: _____

Deputy Superintendent Approval:

Signature: _____

Date: _____

Board of Education Approval Date (if applicable):

Date: _____