



# Course Proposal 20\_\_-20\_\_

Course Title: \_\_\_\_\_ Course ID: \_\_\_\_\_

Proposal is to:  Add  Revision  Delete  Pilot  Title Change

Department: \_\_\_\_\_ Subject: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_

Core Course  Non-Core Course  AP, IB Course Course Length:  Semester  Year

Intent of Course:  Core  Supplemental Year course will initially be offered: \_\_\_\_\_

Prerequisite for class: \_\_\_\_\_

Start up Projected Costs\*: \_\_\_\_\_ Fiscal impact will be to the  Site  District

Ongoing Projected Costs\*: \_\_\_\_\_ Fiscal impact will be to the  Site  District

\*Please complete Projected Budget /Material Worksheet.

**Graduation Requirements:**  Yes (if yes, specify which requirement is met)  No

1 <sup>st</sup> _____	A English	I Math
2 <sup>nd</sup> _____	B U.S. History	K Life Science
3 <sup>rd</sup> _____	C Government/Econ.	L Physical Science
	E Social Studies Elect	M Fine Art/ Foreign Language
	F World History	N Physical Education
	H Health	O Electives – General

You must indicate the requirement this course fulfills for graduation. If student has already fulfilled this requirement, the course will automatically default to elective unless a 2<sup>nd</sup> or 3<sup>rd</sup> requirement is indicated.

**UC a-g Requirements:**  Yes (if yes, specify which requirement is met)  No

<input type="checkbox"/> a. Social Science	<input type="checkbox"/> d. Lab Science	<input type="checkbox"/> g. Electives
<input type="checkbox"/> b. English	<input type="checkbox"/> e. Foreign Language	
<input type="checkbox"/> c. Math	<input type="checkbox"/> f. Visual/Performing Arts	

Submitting school is responsible for applying to UC/CSU for a-g approval of this course.

**Department (please select one)**

<input type="checkbox"/> ELD	<input type="checkbox"/> Special Education
<input type="checkbox"/> English	<input type="checkbox"/> Science
<input type="checkbox"/> History	<input type="checkbox"/> Career Tech Ed
<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Visual/Performing Arts
<input type="checkbox"/> Math	
<input type="checkbox"/> Non Departmental	
<input type="checkbox"/> Physical Education	

**CTE:**  Yes (if yes, which CTE Program)  No

CTE Program Name: \_\_\_\_\_  
 CTE Industry Sector: \_\_\_\_\_

Introduction  
 Concentrator  
 Completer

Will this course be a requirement for completion of this CTE Program?  Yes  No  N/A

Course Description (to be used in Course Catalog):

What course will this replace? How does it fit in with Single Plan for Student Achievement at your site or the District?

Explain the measurable learning outcomes:

**Course Proposal – Projected Budget/Material Worksheet**

<b>Projected Costs</b>	<b>Start - Up</b>	<b>Ongoing</b>
Personnel (Do not include classroom instructor unless new section is needed)		
Instructional Material Supplies per student** (textbooks, software, etc.)		
Services (training, equipment maintenance, contracts, etc.)		
Capital outlay (remodeling, technology, etc.)		
<b>Total Projected Costs</b>		

<b>Instructional Materials</b>						
<b>Type of Material</b>	<b>Publisher</b>	<b>Title</b>	<b>ISBN</b>	<b>Author</b>	<b>Copyright</b>	<b>Have/Need*</b>

\*If materials are needed, please indicate the number of copies

<b>Funding Source(s) for Costs and Instructional Materials</b>	
Grants (indicate specific grant and grant timeline)	
Categorical Funds (include related programs)	
Career Technical Education (must be for an approved CTE course)	
Department Funds	
Other (be specific)	

<b>HR Review Regarding Credentialing</b>
<div align="right"> <hr/> <i>Certificated HR Specialist</i> </div>

# High School Course Proposal

**Rationale for the Course (include reasons for adding/changing course):**

**Course Description (include graduation or CSU/UC “a-g” requirement fulfillment):**

**Course Goals (3-5 broad educational goals):**

**Course Content Objectives (aligned with California Content Standards and Frameworks/California Common Core State Standards):**

**Key Assignments (activities, projects, essays, readings, etc.):**

**Instructional Methods and/or Strategies:**

**Assessments (formative, summative, district, etc.):**

**Instructional Resources (textbooks – include publisher/year/edition, supplemental materials, technology, etc.):**

Core Textbook:

Supplemental Textbook:



# High School Course Proposal

Course Title: \_\_\_\_\_

Department: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_

Length: \_\_\_\_\_ Credit: \_\_\_\_\_

New Course

Content Revision

Title Change

Submitted by: \_\_\_\_\_ Site: \_\_\_\_\_

### Required Information Checklist

- Rationale for the Course
- Course Description
- Course Goals
- Course Content Objectives
- Key Assignments
- Instructional Methods and/or Strategies
- Assessments
- Instructional Resources
- Course Outline and Pacing
- Special Subject Requirements
- High School New Textbook Adoption form
- High School Course Details form

### Department Chair Signatures

EAHS Dept. Chair \_\_\_\_\_  approved  not approved Date \_\_\_\_\_

MCHS Dept. Chair \_\_\_\_\_  approved  not approved Date \_\_\_\_\_

MHS Dept. Chair \_\_\_\_\_  approved  not approved Date \_\_\_\_\_

PHS Dept. Chair \_\_\_\_\_  approved  not approved Date \_\_\_\_\_

RHS Dept. Chair \_\_\_\_\_  approved  not approved Date \_\_\_\_\_

SRHS Dept. Chair \_\_\_\_\_  approved  not approved Date \_\_\_\_\_

- High School Curriculum Council Approval Date \_\_\_\_\_
- Curriculum & Instruction Approval Date \_\_\_\_\_
- DPAC Approval Date \_\_\_\_\_
- Board of Education Approval Date \_\_\_\_\_

(For UC guidance, see [http://http://www.ucop.edu/a-gGuide/ag/course\\_submissions/course\\_submission\\_template.html](http://http://www.ucop.edu/a-gGuide/ag/course_submissions/course_submission_template.html))



# Course Proposal – Signature Page

## VP RECOMMENDATION/APPROVAL

Submitted by Director, C & I

\_\_\_\_\_  
Signature Date

VP – EAHS school  
 \_\_\_\_\_  Approved  Not approved\* Will this course be offered at my school  
 \_\_\_\_\_  Yes  Maybe  No  
 Signature Date

VP – MCHS school  
 \_\_\_\_\_  Approved  Not approved\* Will this course be offered at my school  
 \_\_\_\_\_  Yes  Maybe  No  
 Signature Date

VP – MHS school  
 \_\_\_\_\_  Approved  Not approved\* Will this course be offered at my school  
 \_\_\_\_\_  Yes  Maybe  No  
 Signature Date

VP – PHS school  
 \_\_\_\_\_  Approved  Not approved\* Will this course be offered at my school  
 \_\_\_\_\_  Yes  Maybe  No  
 Signature Date

VP – RHS school  
 \_\_\_\_\_  Approved  Not approved\* Will this course be offered at my school  
 \_\_\_\_\_  Yes  Maybe  No  
 Signature Date

VP – SRHS school  
 \_\_\_\_\_  Approved  Not approved\* Will this course be offered at my school  
 \_\_\_\_\_  Yes  Maybe  No  
 Signature Date

Asst. Superintendent C & I \_\_\_\_\_  Approved  Not approved\*

### DISTRICT OFFICE USE

Course Name:	
Course #:	

State Course Code:	Course Type:	NCLB Core Course:	
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