

# 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

Projected Costs	Start - Up	Ongoing
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>		

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

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

Funding Source(s) for Costs and Instructional Materials	
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>
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*Certificated HR Specialist*

# 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 \_\_\_\_\_

- |  |            |
|--|------------|
| <input type="checkbox"/> High School Curriculum Council Approval | Date _____ |
| <input type="checkbox"/> Curriculum & Instruction Approval       | Date _____ |
| <input type="checkbox"/> DPAC Approval                           | Date _____ |
| <input type="checkbox"/> 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

Signature

Date

☐ Approved

☐ Not approved\*

Will this course be offered at my

☐ Yes ☐ Maybe ☐ No

VP – MCHS  
school

Signature

Date

☐ Approved

☐ Not approved\*

Will this course be offered at my

☐ Yes ☐ Maybe ☐ No

VP – MHS  
school

Signature

Date

☐ Approved

☐ Not approved\*

Will this course be offered at my

☐ Yes ☐ Maybe ☐ No

VP – PHS  
school

Signature

Date

☐ Approved

☐ Not approved\*

Will this course be offered at my

☐ Yes ☐ Maybe ☐ No

VP – RHS  
school

Signature

Date

☐ Approved

☐ Not approved\*

Will this course be offered at my

☐ Yes ☐ Maybe ☐ No

VP – SRHS  
school

Signature

Date

☐ Approved

☐ Not approved\*

Will this course be offered at my

☐ Yes ☐ Maybe ☐ No

Asst. Superintendent C & I

☐ Approved

☐ Not approved\*

### DISTRICT OFFICE USE

Course Name:

Course #:

State Course Code:

Course  
Type:

NCLB Core  
Course: