

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 st _____	A English	I Math
2 nd _____	B U.S. History	K Life Science
3 rd _____	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 2nd or 3rd 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.)		
Total Projected Costs		

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)	

HR Review Regarding Credentialing

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)



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: