



## DISTRICT COURSE PROPOSAL FORM

<b>Fall Submission Deadline: Oct 15</b>	<b>Spring Submission Deadline: April 1</b>
<i>Course will be offered in the fall of the following school year</i>	<i>Course will be offered in the spring of the following school year.</i>

The course proposal **MUST** be submitted to the Learning Services Administrative Assistant by the given date. If the course proposal is received after the due date, the course will be considered for the next course proposal cycle.

- Open this document and save a copy titled "Course Proposal [Coursetitle]."
- Complete all sections of the proposal. **The systems check is one of the most critical pieces of the proposal process**, so please take time to complete this section with the detail requested and secure the required signatures.
- Please use Times New Roman font, size 10.
- Once completed, send a hard copy to the school principal for review. Make any required changes per his/her feedback.
- Get principal's signature on final copy of proposal. Send final copy in the district mail to the Learning Services Administrative Assistant.
- Email an electronic copy to the Learning Services Administrative Assistant.
- This form will be processed by the Learning Services Leadership Team, and if approved, will be forwarded to the Board of Education for final approval. If the proposal is denied by Learning Services or the Board of Education, it will be returned to the applicant.
- Approval by the Board of Education does not guarantee that the course will be offered to students. Variables such as staffing, credentialing, master schedule, and annual funding may impact course availability.

<b>Date:</b>		
<b>Name of school:</b>		
<b>Group(s) initiating this proposal:</b> (check all that apply)	<input type="checkbox"/> Teachers	<input type="checkbox"/> Administrators
	<input type="checkbox"/> Students	<input type="checkbox"/> Citizens
<b>Name of the building administrator assigned to support the completion of this course proposal:</b>		
<b>Name of individual completing this form:</b>		
<b>Phone number:</b>		
<b>Name of course:</b>		
<b>Department in which this course is located:</b>		
<b>Credit: (check box)</b>	<input type="checkbox"/> 0.5 (one semester)	<input type="checkbox"/> 1.0 (two semesters)
<b>Proposed course is: (check box)</b>	<input type="checkbox"/> Required	<input type="checkbox"/> Elective
<b>Credit type students will earn for this course: (check box)</b>	<input type="checkbox"/> Core Content Graduation Requirement ( <i>English, Math, Science, Social Studies</i> )	
	<input type="checkbox"/> Academic Elective ( <i>Core Content Elective, CTE, Performing Arts, Technical/Visual Arts, World Language</i> )	
	<input type="checkbox"/> Elective	
<b>Grade level(s):</b>		
<b>Suggested course fee per student: (A fee should only be proposed if the course requires</b>		

high levels of consumable materials. Course fees require a separate approval by the School Board.)	
<b>Course number:</b> (To be assigned by the district after Board approval of the course)	

## **TO BE COMPLETED BY THE APPLICANT**

### **DESCRIPTION:**

Provide a brief course description as it would appear in the district and school's course description guide. ***Special Note:*** Schools may find that some topics/requests lend themselves to clubs/co-curricular activities rather than additional courses. In other cases, the topic/request may fit as a unit within an existing course.

### **NEEDS ASSESSMENT:** *Each step in this section requires a response.*

- ☐ At the building level, content specific team members reviewed needs for this proposed course. ***Please include participant list and meeting date(s).***
- ☐ List any other individuals or groups that have been contacted to discuss the need and design of this course (business advisory committee, community group, student group, parent group, etc.) ***Please include participant list and meeting date(s).***
- ☐ Need for this proposed course was determined by (check all that apply): ***Please only check items below that have been verified by supporting documentation.***
  - ☐ Student requests (provide data/evidence)
  - ☐ Parent requests (provide data/evidence)
  - ☐ Business/Industry demands (Required for CTE course proposals)
  - ☐ Postsecondary alignment
  - ☐ Student achievement gaps
  - ☐ Rigor and relevance considerations
  - ☐ Research-based support/rationale (provide copy of research)
- ☐ Describe the process used to determine need for the course beyond the requirements above *if applicable*.

### **SYSTEMS CHECK:** *\*Indicates a Required Response*

- ☐ \* The school registrar has reviewed the master course list in PowerSchool and determined that this proposed course does not already exist.
- ☐ \* (HIGH SCHOOL ONLY) This course as been reviewed by the NCAA representative at the school (typically the school counselor). This course:
  - ☐ Is eligible for the NCAA approval process
  - ☐ Is not eligible for NCAA approval process because:

\_\_\_\_\_  
NCAA School Representative Signature

\_\_\_\_\_  
Date

- ☐ If this is a Career and Technical Education (CTE) course, please identify the following:
- ☐ The [Colorado career cluster](#) to which the program will belong:
  - ☐ The [Career and Technical Student Organization](#) to which the program will belong:
  - ☐ The [CTE credential](#) the instructor will obtain in order to teach the course:
  - ☐ The industry certification available to students *if applicable. Please list the specific name of the certification and the organization/agency that offers it.*

\_\_\_\_\_  
District CTE Coordinator Signature

\_\_\_\_\_  
Date

- ☐ This course aligns with the following postsecondary course(s) and has the potential of offering concurrent enrollment (college-level) credit to students: *Please list the specific college course number and title. Colorado college courses can be found through the Common Course Numbering System at [https://erpdnssb.cccs.edu/PRODCCCS/ccns\\_pub\\_controller.p\\_command\\_processor](https://erpdnssb.cccs.edu/PRODCCCS/ccns_pub_controller.p_command_processor)*

\_\_\_\_\_  
District Concurrent Enrollment Coordinator Signature

\_\_\_\_\_  
Date

**STANDARDS ALIGNMENT:** Provide a detailed description of the specific standards this course will address (Colorado Academic Standards, Common Core Standards, Next Generation Science Standards, Postsecondary and Workforce Readiness Competencies, ACT Standards, CTE Standards, Postsecondary Learning Outcomes, etc.).

**ASSESSMENT:** Please provide a detailed outline of the assessment plan that will measure student learning and growth. If nationally-normed, industry-specific, career skills, or postsecondary assessments are being used, please include detailed information on the assessment.

**SYLLABUS:** Please provide the goals of the course, the skills and knowledge the students will gain while enrolled, a brief description of the course requirements and an outline of the main topics taught. *You do not need to provide a detailed list of assignments and due dates.*

**COURSE SEQUENCING:**

Include a description or diagram that describes the full progression or sequence of courses that would relate to the proposed course.

**IMPLEMENTATION NEEDS:** Please answer each of the following questions.

Describe the process and timeline for development of necessary teacher resources, including instructional ideas, methods, materials, and technology.

What physical arrangement (buildings, equipment, technology, room, land) is necessary in order to support the proposed learning activities?

What additions to the present staff are needed and/or what special training and experiences are necessary for the curriculum to be implemented?

**BUDGET:** What is the estimated three-year budget (in detail) for the course? It is critical that current and accurate budget detail be provided. Please include any proposed student fees for the course and indicate how the fees will be used to support students and instruction. Please do not list district level funds or grants unless these have been pre-approved or secured prior to the submission of the proposal.

## **TO BE COMPLETED BY DISTRICT STAFF**

### **LEARNING SERVICES RECOMMENDATION:**

- ☐ Forward to Board of Education with approval
- ☐ Forward to Board of Education with the following comment(s), concern(s), or question(s) that must be addressed by the school prior to offering the course to students:
- ☐ Do not forward based on:

### **SIGNATURES**

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School Principal \_\_\_\_\_ Date \_\_\_\_\_

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Director of Postsecondary Workforce Readiness \_\_\_\_\_ Date \_\_\_\_\_

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Assistant Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Course approved by the Board of Education on \_\_\_\_\_  
Date \_\_\_\_\_

Course entered in PowerSchool database on \_\_\_\_\_  
Date \_\_\_\_\_

Course entered in Naviance database on \_\_\_\_\_  
Date \_\_\_\_\_

Course fee entered in PowerSchool database on \_\_\_\_\_  
Date \_\_\_\_\_