

## Secondary Course Proposal Form

For District Use Only  
Date Initially Reviewed by ILC \_\_\_\_\_  
ILC Recommendation \_\_\_\_\_  
Approve \_\_\_\_\_ Disapprove \_\_\_\_\_  
Date Board Approved \_\_\_\_\_  
**COURSE CODE:** \_\_\_\_\_  
\_\_\_\_\_

**Directions:** This form will become part of the official documentation for this course. The proposal must be typed on this form and submitted to the Director of Curriculum for approval. If you have questions about the curriculum development process or would like this form sent electronically, call the Director of Curriculum or email at [wlis@nksd.wednet.edu](mailto:wlis@nksd.wednet.edu).

Course Title: \_\_\_\_\_  
Grade Level(s): \_\_\_\_\_ Prerequisites: \_\_\_\_\_  
Course Length: \_\_\_\_\_ Credit: \_\_\_\_\_  
Cross Credit: \_\_\_\_\_  Required OR  Elective  
Subject Area: \_\_\_\_\_  New  Pilot  Revised Course  
If revised, list all course codes impacted by revision: \_\_\_\_\_  
CIP Code: \_\_\_\_\_

**STATEMENT OF NEED/PURPOSE** (Include data from needs assessment or appropriate rationale.)

**COURSE DESCRIPTION** (For student catalog)

**EXPLAIN HOW THIS COURSE ADDRESSES DIVERSITY OF STUDENTS?** (Ethnic, Disabled, Highly Capable, etc.)

**DESCRIPTION OF COURSE DEVELOPMENT/REVISION PROCESS**

**HEC BOARD REQUIREMENTS** (Does this course meet college admission “core” requirements as stipulated by the Higher Education Coordinating Board, page 18 of the NKSD course catalog?)

**HARDWARE/EQUIPMENT REQUIREMENTS** (List and give estimated cost.)

**OTHER RESOURCE REQUIREMENTS**

**TOTAL START UP COSTS:**

**TOTAL YEARLY COSTS:**

**CENTRAL OFFICE TECHNICAL/EDUCATIONAL SUPPORT REQUIREMENTS**

**OTHER** (Scheduling, legal mandates, etc.)

**LIST THE ESSENTIAL ACADEMIC LEARNING REQUIREMENTS ASSESSED IN THE COURSE**

(Type out components you will teach/ assess and in parenthesis indicate which benchmarks you will specifically address –1.1.2, 1.1.4, 1.1.5 etc. Only list benchmark numbers you will teach/assess.

***Example: (the 2.1 tells us the EALR you are addressing)***

***Reading***

***2.1 Demonstrate evidence of reading comprehension. (2.1.2, 2.1.3, 2.1.4, 2.1.7)***

**PROPOSED STUDENT ASSESSMENT PLAN** (Include traditional as well as performance assessments.)

**INSTRUCTIONAL MATERIALS** (Text to be approved for use and/or supplemental materials. Include title, publisher, copyright date, and ISBN number. Complete the Instructional materials Committee Form and submit it if requesting text approval at this time.)

**K-12 ARTICULATION PLAN** (if applicable): (How will this course impact feeder schools, etc? Will additional course offerings or tech prep agreements be needed? Will this course enhance or compete with other required elective courses?)

**INSTRUCTOR QUALIFICATIONS** (What special qualifications are needed? Who will teach this class? Could the course continue if this person left the building?)

# Signature Page

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

## *Signature of Teacher/Director Proposing Course*

Print Name: \_\_\_\_\_

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

## *Signature of Department Chair/Leadership Team*

Print Name: \_\_\_\_\_

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

## *Signature of Program Director*

Print Name: \_\_\_\_\_

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

## *Signature of Building Principals*

Print Name: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

## *Signature of Director of Curriculum*

Print Name: \_\_\_\_\_

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