Superintendent File: IGA-E-2

DCSD CTE COURSE OR PATHWAY PROPOSAL

The Career & Technical Education (CTE) Pathway proposal must be submitted to the CTE Coordinator for prior approval and must include the following information:

The requestor will need to complete sections:

- <u>SECTION I: CONTACT INFORMATION</u>
- SECTION II: GENERAL CTE INFORMATION
- <u>SECTION III: CONCURRENT ENROLLMENT PROGRAM INFORMATION</u>
- SECTION IV: CONCURRENT EDUCATION PROGRAM COURSE INFORMATION

Academic Systems will facilitate the completion of the remaining sections.

SECTION I: CONTACT INFOR	MATION				
Group(s) initiating this proposal: (c	check all that apply):	☐ Teac☐ Adm	hers ninistrators	StudentsCitizens	
School sponsoring this proposal:					
Level of School:	☐ Elen	nentary	☐ Middle	☐ High	
Contact Information of the individua	al completing the cours	e proposal:			
Name:					
Phone Number:					
Email Address:					

SECTION II: GENERAL CTE INFORMATION

Name of the State-Approved (CC	CS) CTE Program			
This proposal is for a:		Single Course			
		Program (Multiple Courses) If this is a Program Proposal,	skip to <u>Section III</u>	<u>.</u>	
If this is a single course, does	it fi	into an existing pathway?	□ Yes	□ No	
If yes, what is the pathwa	y na	ame?			
If this is a single course skip to <u>SECTION IV: CTE Pathway Course Information</u>					

SECTION III: CTE PATHWAY INFORMATION

al program?
Ξp

SECTION IV: CAREER & TECHNICAL EDUCATION (CTE) PATHWAY COURSE INFORMATION

Complete the table below indicating the course sequence students would take within the CTE program. Other courses may be added or changed within the program, based on the needs of students or program modifications. For new courses provide all the information in **GREEN** font color.

Pathway Nam	ie:			
Sub-Pathway	Name:			
Department C	Code:			
CIP Code:				
Course Level:	State Approved Course Name:	State Approved Description:	Credit Type:	Course Length

SECTION V: DCSD SYSTEM APPROVAL

At this stage of the process, the course proposal is submitted to the relevant stakeholders for final review. Approval is indicated by providing a signature and date.

A. Building Administrator:		
Name:	School:	
Signature:	Date:	
B. Coordinator of Postsecond Name: Signature:	ary Readiness: Date:	
C. Director of Curriculum, In Name:		
Signature:	Date:	
Q:	ols: Date:	
E. Learning Services Officer Name: Signature:	Date:	
F. Assistant Superintendent: Name: Signature:	Date:	

SECTION VI: BOARD OF EDUCATION APPROVAL

necessary criteria and is now ready for the Board's review and approval.			
Does the DCSD Board of Educatio	n approve the adoption of the proposed course/pathway?		
☐ Yes ☐ No			
BOE President Signature:			
Date of BOE Meeting:			

This proposal has been submitted and thoroughly reviewed by DCSD Staff. It has been determined to meet all

Section VII: ACADEMIC SYSTEMS COURSE BUILD

This section is utilized by the Academic Systems Team to build the course within Infinite Campus (IC). Once the process is complete, both the requestor and the building principal will be notified. Additionally, the appropriate contacts at each school will be informed of the new course offering.

Office use	Input	Entered by:
Credit type(s): (Fine Art, Science, Practical Arts, etc.)		
Department Code:		
Course Number:		
Date entered in Infinite Campus database:		
Course Mapping SCED Code:		
Course entered in NCAA database (if applicable):		
Lock Program ID VIP code:		
Lock VE CIP code:		
Add to HEAR list Yes or No		