Superintendent File: IGA-E

DISTRICT COURSE PROPOSAL FORM
The course proposal must be submitted to the Curriculum, Instruction and Professional Growth (CIPG) department. If the course proposal is received after the due date (second week in September), the course will be considered for the next course proposal cycle.

NOTE: Confirm the proposal for a new course with your Building Administrator prior to completing this form.

- ❏ Check with your school Registrar to review the DCSD course master and determine that this proposed course does not already exist. If it does not, proceed as follows:

Course Proposals are due by the third week in September in order for it to become active for the following school year.
- Timeline: [Link to timeline](#).
- Open this document and save a copy titled "Course Proposal [Course title]." Share this with a designee in the Curriculum, Instruction and Professional Growth (CIPG) Department.
- Complete all sections. If you have any questions, contact the CIPG Department at 303-387-9504.
- Upon completion, a digital copy of the proposal needs to be shared with CIPG and will be sent out to get required signatures.
- This form will be processed by the CIPG Department and then forwarded to the Board of Education for approval.
- If approved, the course will be available to all applicable schools within the district.
- Course proposal forms are presented to the Board of Education in October.

Date:	To check a box in a google doc, right click and choose the ✔
Group(s) initiating this proposal (*check all that apply*)**:**	❏ Teachers ❏ Administrators ❏ Students ❏ Citizens
Name of school and individual completing this form:	
Name of the building administrator assigned to support the completion of this course proposal:	
Contact Information (phone number, e-mail address):	
Course Title:	
Department in which this course is assigned. (*the department designation is used for state coding and influences the highly qualified teacher status*)	
Credit (*check box*)**:**	❏ 0.5 (one semester) ❏ 0.25 (quarter) ❏ 1.0 (two semesters) ❏ N/A
Proposed course is (*check box*)**:**	❏ Core (Science, English, Math, Social Studies) ❏ Elective ❏ Other _____
Is this a CTE or dual credit course? *If yes, CTE Coordinator approval required.* *Please contact the CTE coordinator for guidance and requirements.*	❏ Yes - *Contact the CE/CTE Coordinator before proceeding further.* ❏ No
Grade level(s): HS, MS, ELEM	

DESCRIPTION:

Provide a brief course description as it would appear in the District's course master. A course description should provide the reader (parents, students, public, administrators, etc.) with an overview of the main concepts/topics taught and what skills students will be acquiring in the course. *Refer to the School Courses for the Exchange of Data (SCED) document for commonly used course descriptions.*

➢ SCED Code Number (This number is used for state reporting):

➢ Course Description:

ALIGNMENT WITH DOUGLAS COUNTY'S CURRICULUM

Please write a detailed description of how the course **aligns and assesses the DCSD Curriculum (Knowledge and Skills from the Colorado Academic Standards):**

IMPLEMENTATION NEEDS:

How does this course fit into the overall educational program?

●

What are the course prerequisites, if any?

●

What courses follow the proposed course?

●

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

Describe any textbooks, required curriculum material and/or supplemental materials necessary to support the proposed course. (See the CIPG Textbook Novel Adoption Website).

●

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

●

Is there an impact regarding building schedule?

❏ Yes, explain the impact

❏ No

BUDGET: What is the estimated three-year budget (in detail) for the course? Include items such as books, FTE, training and other resources. It is critical that budget detail provided is current and comprehensive.

FEE: If a fee is associated with this course please include the suggested fee and the rationale for the fee. Please work with the appropriate Executive Director of Schools and CIPG Department designee to ensure the suggested fee is approved in accordance with Board Policy JQ: Student Fees. Please complete the fee proposal form.

SYSTEMS CHECK and NEEDS ASSESSMENT:

At the building level, content specific team members review needs for this proposed course.

Participants:

Participant Name	Comment(s), Concern(s), or Question(s)

- ❏ Forward with approval
- ❏ Forward with following comment(s), concern(s), or question(s):
(Indicate consensus or % approval.)

- ❏ Do not forward because:

A group of 5 content-specific peers have reviewed the course. Please note no more than one representative can be included from the same building.

Participants:

Participant Name	School/Content	Comment(s), Concern(s), or Question(s)

❏ Forwards with approval
❏ Forwards with following comment(s), concern(s), or question(s):
(Indicate consensus or % approval.)

❏ Do not forward because:

Level administrators (principals) have met and provided a district-wide review of the course.

Participants:
●

❏ Forwards with approval
❏ Forwards with following comment(s), concern(s), or question(s):
(Indicate consensus or % approval.)

❏ Do not forward because:

Course competencies aligned with CCHE Publication: College Entry Level Expectations, which can be found on the web at http://www.state.co.us/cche/pubs/readyable.pdf
❏ Yes
❏ No

SIGNATURES/APPROVALS

Does the Building Administrator approve adoption of this course?
Your signature below indicates your approval of the adoption of this course

Date _____

Building Administrator Signature_____

Does the Chief Academic Officer approve adoption of this course? **Your signature below indicates your approval of the adoption of this course**

Date _____

Director of Curriculum, Instruction and Professional Growth
Signature_____

If course is CTE this signature box must be completed. Does the CTE Coordinator approve adoption of this course?
 Your signature below indicates your approval of the adoption of this course

Date _____

CTE Coordinator Signature_____

Does the Executive Director of Schools approve adoption of this course?
Your signature below indicates your approval of the adoption of this course

Date _____

Executive Director of Schools Signature_____

Does the Assistant Superintendent approve adoption of this course?
Your signature below indicates your approval of the adoption of this course

Date _____

Assistant Superintendent Signature_____

Does the Board of Education approve adoption of this course?
Your signature below indicates your approval of the adoption of this course

Date of BOE Meeting _____

Signature_____

Office use		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		