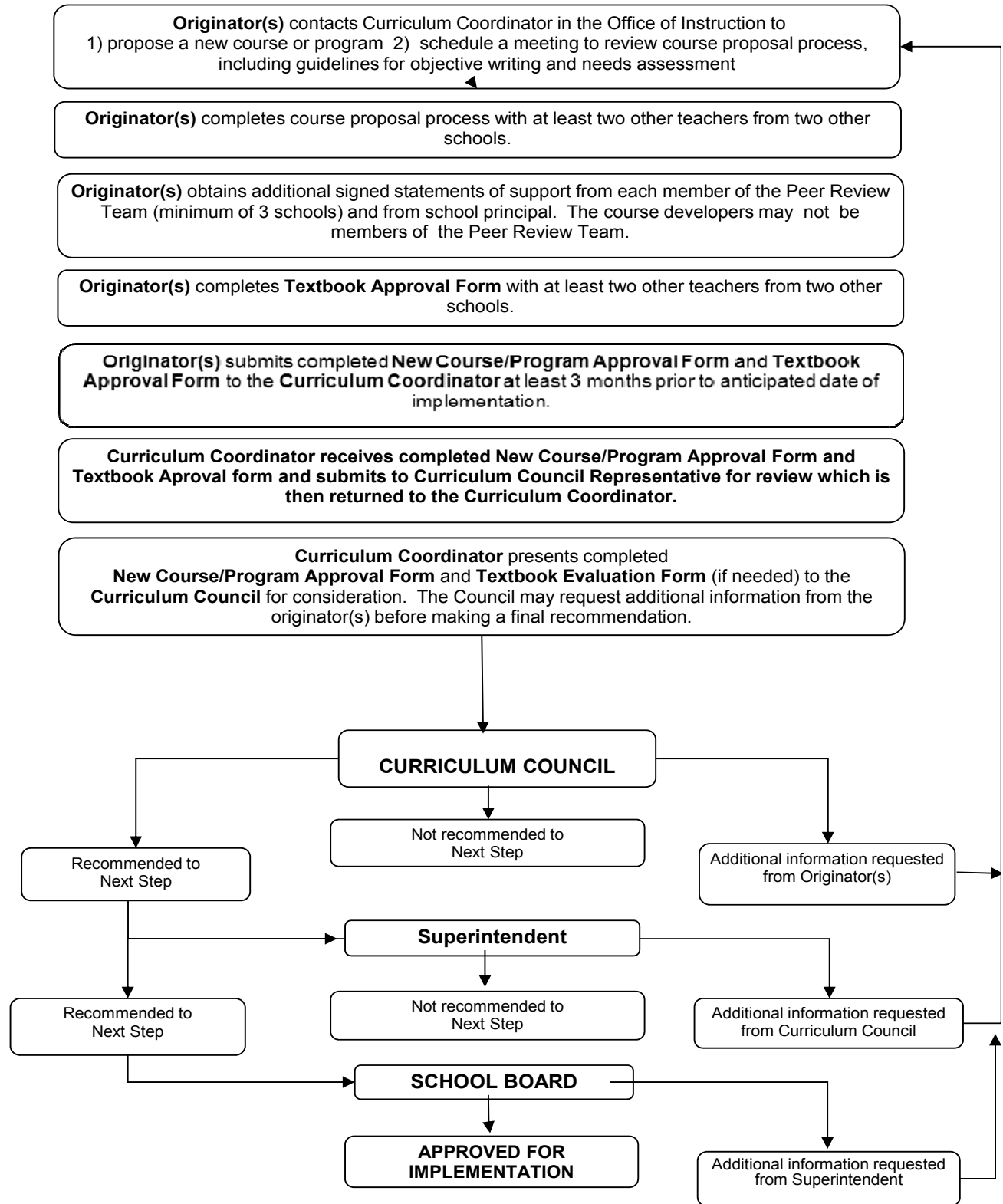


APPROVAL PROCESS FOR NEW COURSES/PROGRAMS

New course/program: A course or program that has not previously been taught or successfully piloted in the Matanuska Susitna Borough School District. This course or program fulfills the requirements necessary to be accepted into the Matanuska Susitna Borough School District Program of Studies.



New Course/Program Approval Form

New course/program: A course or program that has not previously been taught or successfully piloted in the Matanuska Susitna Borough School District. This course or program fulfills the requirements necessary to be accepted into the Matanuska Susitna Borough School District Program of Studies.

COURSE/PROGRAM TITLE:

GRADE LEVEL:

PROPOSED DATE FOR IMPLEMENTATION:

PART 1

COURSE/PROGRAM: PLEASE PROVIDE THE FOLLOWING INFORMATION.

Please check the appropriate box.

Length of Course: Quarter Semester Year

(HS) Credit: .5 1.0 N/A

Course needs to be taught by a highly qualified instructor: Yes No

MS/HS Department:

Suggested Highly Qualified Status (if applicable):

HS Prerequisites:

COURSE NUMBER (will be assigned by the Dept. of Instruction following Board approval): _____

COURSE/PROGRAM DESCRIPTION (as it should appear in the Program of Studies):

PART 2: NEEDS ASSESSMENT

PROVIDE EVIDENCE THROUGH STUDENT INTEREST DATA, ASSESSMENT DATA, RESEARCH OR LITERATURE THAT ESTABLISHES A NEED FOR THIS COURSE/PROGRAM.

PART 3: COURSE PROGRAM OUTCOMES

LIST THE SPECIFIC LEARNER OBJECTIVES THAT HAVE BEEN DEVELOPED FOR THE COURSE. REFERENCE THE STATE GRADE LEVEL EXPECTATION OR CONTENT STANDARD WHERE APPROPRIATE AND THE BLOOM'S TAXONOMY LEVEL TO WHICH THE OBJECTIVE CORRESPONDS.

The student will:

PART 4: SUGGESTED PACING GUIDE

IDENTIFY THE SEQUENCE AND APPROXIMATE NUMBER OF HOURS ALLOCATED TO EACH LEARNER OBJECTIVE.

New Course/Program Approval Form (continued...)

PART 5: TEXTBOOKS/RESOURCES

LIST TEXTBOOKS/RESOURCES THAT ARE PROPOSED FOR THIS COURSE. THERE MUST BE AT LEAST ONE RECOMMENDED TEXT/RESOURCE IDENTIFIED. A TEXTBOOK APPROVAL PROCESS MUST BE COMPLETED FOR THIS RESOURCE, AND THE TEXTBOOK APPROVAL FORM MUST ACCOMPANY THIS NEW COURSE/PROGRAM APPROVAL FORM.

PART 6: COURSE DEVELOPERS

PROVIDE THE SIGNATURES FROM ALL WRITERS OF THE COURSE INCLUDING THE ORIGINATORS AND TWO REQUIRED CONTRIBUTING TEACHERS. (AT LEAST 3 SCHOOLS NEED TO BE REPRESENTED)

Originator Name:

School:

Comments:

Signature: _____

Check this box for an electronic signature

Contributor 1 Name:

School:

Comments:

Signature: _____

Check this box for an electronic signature

Contributor 2 Name:

School:

Comments:

Signature: _____

Check this box for an electronic signature

PART 7: PEER REVIEW TEAM

PROVIDE SIGNATURES AND COMMENTS OF ALL TEACHERS WHO HAVE REVIEWED THIS COURSE PROPOSAL. MUST HAVE AT LEAST 3 SUPPORTIVE SIGNATURES FROM AT LEAST 3 DIFFERENT SCHOOLS. (PEER REVIEW TEAM MAY NOT INCLUDE TEACHERS IDENTIFIED IN PART 6).

Name:

School:

Comments:

Approve of this course

Do not approve of this course

Signature: _____

Check this box for an electronic signature

Name:

School:

Comments:

Approve of this course

Do not approve of this course

Signature: _____

Check this box for an electronic signature

Name:

School:

Comments:

Approve of this course

Do not approve of this course

Signature: _____

Check this box for an electronic signature

Name:

School:

Approve of this course

Comments:

Do not approve of this course

Signature: _____

Check this box for an electronic signature

Name:

School:

Approve of this course

Comments:

Do not approve of this course

Signature: _____

Check this box for an electronic signature

PART 8: UNIT ADMINISTRATOR STATEMENT OF SUPPORT

PROVIDE THE SIGNATURE OF THE PRINCIPAL FROM YOUR SCHOOL INDICATING SUPPORT FOR THE COURSE.

I have reviewed this Course/Program Approval Form.

Signature: _____ Date:

Check this box for an electronic signature

Name:

Comments:

PLEASE SUBMIT THIS COMPLETED FORM TO THE CURRICULUM COORDINATOR.

~TO BE COMPLETED AFTER SUBMISSION TO THE CURRICULUM COORDINATOR~

PART 9: CURRICULUM COUNCIL CONTENT AREA REPRESENTATIVE APPROVAL

PROVIDE THE SIGNATURE OF THE CURRICULUM COUNCIL REPRESENTATIVE INDICATING SUPPORT FOR THE COURSE.

I have reviewed this Course/Program Approval Form.

Signature: _____ Date:

Check this box for an electronic signature

Name:

Comments: