

NEW COURSE PROPOSAL FORM

SCHOOL:

DEPARTMENT:

COURSE TITLE:

FOR SEMESTER/YEAR:

NEEDS ASSESSMENT DOCUMENTATION ATTACHED

COURSE REQUIRED FOR GRADUATION ELECTIVE OTHER

REPLACES ANOTHER COURSE. IF BOX IS NOT CHECKED, PROVIDE RATIONALE:

MEETS GRADUATION REQUIREMENTS AS:

STUDENT FEE REQUIRED

POTENTIAL INCREASED LIABILITY

TARGET POPULATION: (GRADE LEVEL AND STUDENTS)

1. How does the course fit into departmental/school outcomes?

2. What are the prerequisites?

3. What is the expected impact on other courses?

Where will the students come from to take this course?

4. What is the expected cost impact?

5. What is the space impact or need?

6. Do we currently have the teacher expertise needed to teach this course?

COURSE OUTCOMES (WISCONSIN OR NATIONAL ADOPTED STANDARDS):

COURSE DESCRIPTION:

INTEGRATION WITH TECHNOLOGY:

RECOMMENDED RESOURCE MATERIALS (INCLUDING TEACHING STAFF EXPERTISE):

Requesting Teacher(s):

Date:

Department discussion date:

Department approval date:

School level discussion date:

Principal approval date:

Curriculum discussion date:

Director of Instruction and Learning approval date:

Board of Education Curriculum Committee approval date:

Other approvals that may be required

Director of Finance and Operations approval date:

Director of Pupil Services approval date:

Director of IT Services approval date:

Board of Education Finance Committee approval date:

BOARD OF EDUCATION APPROVAL/DENIAL:

The new course was approved by the Board of Education

The new course was denied by the Board of Education

Board Clerk

Date

Adopted: 04/23/07
Revised: 03/09/15
02/25/19