

Salt Lake City School District Teaching and Learning

NEW COURSE APPLICATION FORM

Proposed	cours	e title	: (Lin	nit of	20 ch	aracte	rs inc	ludin	g spa	ces)									
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Prerequis	ite(s):						_		Туре	of co	ırse:	Core	e		Ele	ective			
Select A	or B:																		
1	4. F	ull yea	ar		_		Am	ount	of cre	dit pe	r year	(1.0)	_				_		
]	B. S	emeste	er				Am	ount	of cre	dit pe	r sem	ester ((0.5)				-		
Departme	ent:										Gra	ide le	vel(s)):					
Meets gra	ıduati	on req	luiren	nent: _			List	spec	ific aı	rea(s)									
Star	ting v	vith th	ie gra	duatio	n clas	ss of _	(Ye												
School ye	ear co	urse n	umbe	er to be	e activ	vated:													
Endorsen	nent(s) or de	egree	requii	ed fo	r the to	eache	r:											
USBE co	urse n	umbe	r:							C	ГЕ СІ	P nun	nber:						
			C	omple	ete thi	is sect	ion o	nly f	or a c	oncui	rrent	(CE)	cour	se nu	mber				
USBE Co	ourse l	Numb	er:																
College/U	Jnivei	sity N	lame:																
College/U																			
Departme																			
Semester	Hour	s:																	

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Signatures for Approval

Proposed course title	
Submitted by:	
School:	Date:
Assistant Principal/Principal signature (date)	S.I.C. Chair signature (date)
S.C.C. Chair signatu	ure (date)
District Content Specialist	Date
Executive Director, Teaching and Learning	Date
Director, Career & Technical Education (if applicable)	Date
Course Number R	Review and Approval
Director of Student Information	Date
SIS Training and Operations Manager	Date
SLCSD course number assigned:	
Course number completed on (date):	

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Course Rationale

1.	How was the need for this course assessed? What data was used to determine there was need for this course?
2.	Describe the specific student target population and the student needs that will be addressed by this course.
3.	How does this course relate to and support the <u>Utah Core Standards</u> ? Identify the core standards addressed. Whether this is a core course or not, please describe how adding it to the SLCSD curricular offerings will improve student achievement.
4.	Address how this course will impact overall school curriculum and resources relative to: • scheduling; • staffing and or/teaching assignments; • class size across the department and/or school; • teaching loads; • impact on other courses; • need for endorsements or special training requirements to maintain the course; • additional funding needs; • future academic support or courses. Indicate how issues will be addressed.
5.	Will there be an assessed fee for this course? Yes No Fees must be approved by the SLCSD Board of Education
6.	Will a student club be associated with this course? Yes No
7.	Is there a required end-of-level test for this course? Yes No

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Course Information

Attach or include the following information and documentation:
COURSE DESCRIPTION FOR COURSE CATALOG
COURSE OUTLINE
OPEN DISCLOSURE (See SLCSD Board Policy I-8: Student Progress and Academic Achievement)
COURSE MATERIALS
(Textbooks, software, etc.)
COURSE ASSESSMENT & EVALUATION
(Identify any required state or district assessments. Describe multiple methods for assessing student progress, such as authentic projects, performance tasks, portfolios, etc.)

New course requests will not be considered without complete information and documentation. It is recommended a district-level curriculum specialist be involved in the development of new courses to ensure USBE and SLCSD standards are meet. No subject or course shall be taught and no credit will be granted unless the course has been approved by the Teaching and Learning Department as per SLCSD Board Policy I-1: Standard Educational Plan.

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