

FOR DISTRICT OFFICE USE ONLY

Date Received: _____

Aeries Course # _____

CALPADS Course Group # _____

Date of Board 1st Reading: _____

Date of Board 2nd Reading/Approval: _____

**PETALUMA CITY SCHOOLS
New Course Proposal/Course Revision Form**

Basic Course Information

Date: _____ Grade Level(s): (check all that apply) 6th 7th 8th 9th 10th 11th 12th

Title of Course: _____

New Course –or– Course Revision (choose one) Course Length: Semester Year (choose one)

Reason for Course Revision: (if applicable) _____

Originating School: _____ Proposing Teacher(s): _____

Required Prerequisite Courses: (if any) _____

Course to be Submitted for A-G Approval? Yes No (choose one)

School(s) Submitting Course for A-G Approval: (list all that apply) _____

Master Schedule Impact: (How will this course affect other course enrollment?) _____

Financial Impacts & Funding Source(s): (e.g. ongoing consumables, new instructional materials, etc.) _____

Credential Required to Teach Course: (check with Human Resources) _____

Course Type: _____ Department: _____

Course Meets the Following Subject Area Graduation Requirements: Indicate which graduation requirement this course should fulfill first (1) and, if applicable, second (2), and third (3). If a student has already fulfilled the indicated graduation requirement selected, the next subject area indicated will apply. Note: if a student has already fulfilled all of the indicated subject areas, credits will be applied to electives (M) by default.

Order to be Applied on the Transcript (1-3)	Subject Area Code	Subject Area
	A	English
	B	Mathematics
	C	Life Science
	D	Physical Science
	E	World History
	F	US History
	G	American Government
	H	Economics
	I	Physical Education
	J	Foreign Language / VAPA / CTE
	K	Math / Science Related
	L	Human Interaction
	M	Elective

Course Meets the Following UC/CSU (A-G) Requirements: *(choose one)*

	Subject Area Code	Subject Area
<input type="checkbox"/>	A	History
<input type="checkbox"/>	B	English
<input type="checkbox"/>	C	Mathematics
<input type="checkbox"/>	D	Science (Lab)
<input type="checkbox"/>	E	Foreign Language
<input type="checkbox"/>	F	VAPA
<input type="checkbox"/>	G	College-Prep Elective

Course Meets the Following Career Technical Education (CTE) Requirements: *(if applicable)*

Please review the **CTE Industry Sectors** at <https://www.cde.ca.gov/ci/ct/sf/ctemcstandards.asp> to select the appropriate industry sector and pathway. Pathways are listed in the Model Curriculum Standards by industry sector.

CTE Industry Sector: _____ **CTE Pathway:** _____

Course in Pathway Sequence: *(choose one)* Introductory Course Concentrator Course Capstone Course

CALPADS Course Group # _____

Please review the **CALPADS Code Sets** and **CALPADS Valid Code Combinations** links at <https://www.cde.ca.gov/ds/sp/cl/systemdocs.asp> to select the appropriate CALPADS Course Group Number that best matches the course content being proposed/revised.

Course Description

Content Standards

Please include the text of State Standards covered by this course.

Student Performance Standards

An example of a performance standard for the above content standard might be "The student will be able to explain orally or in writing the essence of the conflicts or problems found in the plot and describe how they are resolved."

Assessment of Student Achievement

Please describe the agreement by teachers on how student work should be graded. Assessment may include a criterion test, a rubric, or other measures, such as a scored portfolio.

Description of Relevance of Course to the Non-Academic World

One or two paragraphs. This description might be something like, "Grade nine English will prepare the student to develop a letter of inquiry to a business or government agency, to read and analyze editorials or advertising, to follow instructions written on products, and to present him/her to employers or admissions officer in a clear, accurate, and articulate manner."

Please send completed form with required signatures to the District Office, Department of Educational Services

NEW COURSE PROPOSAL/COURSE REVISION FORM 9/2020

Integration of Technology

This section should describe how hardware and software will be used to support the learning of the content of this class.

Required Reviews/Approvals *(after completing digital form, please save a copy, & print a hard copy for signatures)*

<input type="checkbox"/> Site Department Review/Approval	_____	_____
	Department Chair Signature	Date
<input type="checkbox"/> Consultation/Review with Dept. Chair(s) from Other Comprehensive Schools	_____	_____
		Date
<input type="checkbox"/> PAC Review/Approval	_____	_____
	Principal Signature	Date
<input type="checkbox"/> 7-12 Principals Meeting Review/Approval	_____	_____
		Date
<input type="checkbox"/> Asst. Superintendent, Ed Services Recommendation for Approval to the Board	_____	_____
		Asst. Supt. Signature

Please send completed form with required signatures to the District Office, Department of Educational Services