## **Course/Program Request Form**

Clayton County Public Schools



# "Committed to High Performance"

These forms reflect the process for making *changes*, *additions*, *modifications*, or *deletions* to a school's Master Schedule. The goal is to ensure the district's Master Course Data File is accurate and all taught courses are approved and have sufficient resources to support fidelity of implementation. Please note: School choice, waiver usage, multiple vacancies will not warrant circumventing this process; therefore, leaders should not publicize or promote changes in courses without final approvals from all required personnel on the Course/Program Approval Form. Approvals will not be granted until the Course/Program Review Panel reviews submissions to consider the impact of the change.

### The Course/Program Approval Process:

### **School Level**

- 1. Use appropriate data to determine potential changes needed to course/program offerings.
- 2. Complete the *Course/Program Approval Form*, which involves providing a rationale for the change and conferring with essential department leads.
- 3. Submit the completed *Course/Program Approval Form* to the Cluster Assistant Superintendent.
  - Please note: There is a specified timeframe for submitting the forms to be reviewed by a panel.

### **District Level**

- 1. Assistant Superintendent collects the *Course/Program Approval Forms* for the Course/Program Review Panel
- 2. The SLI Coordinators organize submissions for the next review date and communicates to the Review Panel the date and location for reviewing the forms.
- 3. The Course/Program Review Panel (consisting of all essential departments) reviews the requests/rationales and determines a final approval status: *Approved, Approved Pending Revisions, Not Approved.*
- 4. The Assistant Superintendents communicate to their principal the final approval status.
  - Forms with *Approved Pending Revisions* must be resubmitted within 3 business days; otherwise, the status changes to *Not Approved*.

### Timeline for School Year 2018-2019:

- April 9<sup>th</sup> April 20<sup>th</sup> → Principals submit *Course/Program Approval Forms* to Assistant Superintendents.
- April 23<sup>rd</sup> to April 27<sup>th</sup> → Review Committee convenes to review/evaluate submissions to determine approval status. *Principal will need to be available for any follow up questions.*
- April 30<sup>th</sup> to May 4<sup>th</sup>  $\rightarrow$  Assistant Superintendents notify principals of approval status.
- May 7<sup>th</sup> to May 9<sup>th</sup> → Forms with *Approved Pending Revisions* are resubmitted to the Assistant Superintendent. Based on the needed information, the Assistant Superintendent will determine if the Review Panel needs to reconvene or if he/she only needs to confer with the necessary Department for final approval.

### **Course/Program Approval Review Panel Members:**

- Assistant Superintendents
- Business Services/Position Control
- Content Coordinators / Program Directors
- Director of Curriculum, Instruction, and Assessment
- Facilities and Maintenance
- Guidance and Counseling
- Human Resources
- Master Scheduling
- Technology Contact
- Textbook Coordinator (textbooks)
- Transportation

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School	Principal _	
Today's Date:	Date for Change to Take Effect:	
Current Course Name:	Current Course Number:	Current Course Department
Requested Course Name:	Requested Course Number:	Requested Course Department
requested and the impact that the student interest. The rationale of	te change may have on achievement r justification should be based on an dinators or Directors, Assistant Supe	or course deletion – <u>clearly describe</u> the change data, class size/projected enrollment, and/or informed decision comprised of considerations erintendents, Facilities, Technology, Business
Describe the <b>change</b> and its <b>p</b> student interest in course.	otential impact on achievement dat	a, class size/projected enrollment, and/or
modifications, etc.? Consider s	impact on personnel. Will the court taff certification requirements and if added to sure to indicate: What certifications a	ditional staff is needed to support students'
Calculation of Overall Fiscal 1	mpact Funding	g Source(s)
available to support this cours		- including professional development- are e process for discarding or repurposing need to be purchased?
Calculation of Overall Fiscal 1	mpact Funding	g Source(s)
Describe the assurance that ap course/program change.	propriate facilities and/or technol	ogy is available to support this
Calculation of Overall Fiscal l	mpact Funding	g Source(s)
Describe the overall impact or	the master schedule.	

Once reviewed by the Course/Program Review Committee, the Cluster Assistant Superintendent will notify the principal of the approval status.



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School	Principal	
Today's Date:	Date for Change to Take Effect:	
Current Course Name:	Current Course Number:	Current Course Department
Requested Course Name:	Requested Course Number:	Requested Course Department
Class Size:	Grade/Level:	
Submitted by:  (Principal, Coordinator, or Director)	School/Department:	
Please CHECK below to indicate t	the type of change requested to the	e school's master schedule.
Change (old course/new course)	Addition (new o	course(c))
Modification (coursels/pethyre	ay added) ——————————————————————————————————	
Personnel Considerations:	<b>Business Services</b>	Instructional Resources
Not Applicable	Funding for Staff	Course Standards
Current Staff	YES	Core Curriculum
New Staff Needed	NO NO	Textbooks
	Allotment Verification	Supplies
Confirmed Appropriate	Not Applicable	Equipment
Certifications:		Not Applicable
Yes		
No		
Date Confirmed	Date Confirmed	Date Confirmed
Technology	Facilities	Master Scheduler (Frequency)
Computers	Furniture	9 Weeks
Laptops	Construction Requested	
Software Approval	Desk	18 Weeks (2 <sup>nd</sup> Semester)
Specifications/Compatibility		18 Weeks (one semester)
Not Applicable	Computer Drops Not Applicable	36 Weeks (year-long) Not Applicable
Date Confirmed	Date Confirmed	Not Applicable
Required Signature:		
Principal	Date	

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# \*\*This page will be completed by the Course/Program Review Committee.

### **Approval Status Page**

School	Principal		
Today's Date:			
Requested Course Name:	_Requested Course Number: _	Requested Course Department	
Approval Status:			
Approved			
Approved Pending Revisions _			
Not Approved			
Approval Status Explanation:			
Required Signatures:			
Department/Program Coordinator or Direction	ctor Date		
Division of Countries and Association and Association	Det.		
Director of Curriculum Instruction and As	sessment Date		
Cluster Assistant Superintendent	Date		
Ciusici Assistant Superintenuent	Date		
Deputy of School Leadership and Improve	ment Date		