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| --- | --- | --- | --- |
| School: | | Principal: | |
| Today’s Date: | | Date for Change to Occur: | |
| **Current** Course Name: | **Current** Course Number: | | **Current** Course Dept.: |
| ***Requested*** Course Name: | ***Requested*** Course #: | | ***Requested*** Course Dept.: |

**Rationale or justification** for proposed change, add, modification or course deletion – ***clearly describe*** the change requested and the impact that the change may have on student achievement data, class size/projected enrollment, and/or student interest. The rationale or justification should be based on an **informed decision** that includes insight from the Content/Program Coordinators or Directors, Assistant Superintendents, Facilities, Technology, Business Services and/or any other resource or support providers.

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| Describe the **change** and its **potential impact** on achievement data, class size/projected enrollment, and/or student interest in course. |
| Describe the course change’s **impact on personnel**. Will the course require staff additions, changes, modifications, etc.? *Consider staff certification requirements and if additional staff is needed to support students’ needs: DES, ESOL, Gifted, etc. Be sure to indicate:* What certifications are necessary for new courses?  Calculation of Overall Fiscal Impact \_\_\_\_\_\_\_\_\_\_\_\_ Funding Source(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Describe the assurance that **appropriate instructional resources – including professional development-** are available to support this course/program change. Also, describe the process for discarding or repurposing resources (if deleting a course). Be sure to indicate: What supplies need to be purchased?  Calculation of Overall Fiscal Impact \_\_\_\_\_\_\_\_\_\_\_\_ Funding Source(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Describe the assurance that **appropriate facilities and/or technology** is available to support this course/program change.  Calculation of Overall Fiscal Impact \_\_\_\_\_\_\_\_\_\_\_\_ Funding Source(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Describe the overall impact on the **master schedule**. |

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

**Please CHECK below to indicate the type of change requested to the school’s master schedule.**

\_\_\_\_\_\_ Change (old course converted to a new course) \_\_\_\_\_\_ Addition (new course[s] added to master schedule )

\_\_\_\_\_\_ Modification (CTAE pathway added) \_\_\_\_\_\_ Deletion (dissolve/discontinued course or pathway)

**Please check below to indicate all applicable supports for effectively implementing the course change. Be sure to note the date that the department leads confirmed the availability of the necessary supports.**

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| **Personnel Considerations:**  \_\_\_\_\_Not Applicable  \_\_\_\_\_Current Staff  \_\_\_\_\_New Staff Needed  **Confirmed Appropriate Certifications:**  \_\_\_\_\_Yes  \_\_\_\_\_No  Date Confirmed \_\_\_\_\_\_\_\_\_\_\_ | **Business Services**  ­­\_\_\_\_\_Funding for Staff  \_\_\_\_\_YES  \_\_\_\_\_NO  \_\_\_\_\_Allotment Verification  \_\_\_\_\_Not Applicable  Date Confirmed \_\_\_\_\_\_\_\_\_\_\_ | **Instructional Resources**  \_\_\_\_\_Course Standards  \_\_\_\_\_Core Curriculum  \_\_\_\_\_Textbooks  \_\_\_\_\_Supplies  \_\_\_\_\_Equipment  \_\_\_\_\_Not Applicable  Date Confirmed \_\_\_\_\_\_\_\_\_\_\_ |
| **Technology**  \_\_\_\_\_Computers  \_\_\_\_\_Laptops  \_\_\_\_\_Software Approval  \_\_\_\_\_Specifications/Compatibility  \_\_\_\_\_Not Applicable  Date Confirmed \_\_\_\_\_\_\_\_\_\_\_ | **Facilities**  \_\_\_\_\_Furniture  \_\_\_\_\_Construction Requested  \_\_\_\_\_Desk  \_\_\_\_\_Chairs  \_\_\_\_\_Computer Drops  \_\_\_\_\_Not Applicable  Date Confirmed \_\_\_\_\_\_\_\_\_\_ | **Master Scheduler (Frequency)**  \_\_\_\_\_9 Weeks  \_\_\_\_\_18 Weeks (1st Semester)  \_\_\_\_\_18 Weeks (2nd Semester)  \_\_\_\_\_18 Weeks (one semester)  \_\_\_\_\_36 Weeks (year-long)  \_\_\_\_\_Not Applicable |

**Required Signature:**

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|  |  |  |
| **Principal’s Name**  **Please Print** | **Principal’s Signature** | **Date** |

**APPROVAL STATUS PAGE – DUE FRIDAY, DECEMBER 13, 2019**

**\*\*This page will be completed by the DISTRICT-LEVEL Course/Program Review Committee.**

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:**

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| --- |
|  |

**Required Signatures:**

|  |  |
| --- | --- |
| **x** |  |
| **Department/Program Coordinator or Director** | **Date** |
| **x** |  |
| **Assistant Superintendent of Curriculum Instruction and Assessment** | **Date** |
| **x** |  |
| **Cluster Assistant Superintendent** | **Date** |
| **x** |  |
| **Deputy of School Leadership and Improvement** | **Date** |