Instructions:

* Use this form to request a currently approved course in the FWPS course catalog.
* Originator sends the completed form to [imc@fwps.org](mailto:imc@fwps.org).
* IMC will generate an adobe sign document with the completed form to all signers.
* Once signatures are complete the course request will go to the Instructional Materials Committee (IMC) for review.
* IMC action will be communicated to the originator following the IMC meeting.

\*If you are requesting a non-general education course please contact the associated department (CTE, Advanced Programming, SSS, and ML) **prior** to filling out the paperwork.

1. **General Information**

Submitted By: Click here to enter text. Date: Click here to enter a date. Building: Choose an item.

1. Course Title: Click here to enter text.
2. Course Code: Click here to enter text.
3. Grade Level(s): Click here to enter text. Department: Click here to enter text.
4. This program/course is (check all that are applicable):
5. Semester Long Year Long
6. Elective Required
7. Letter Graded Pass/Fail
8. Other (please specify): Click here to enter text.

1. **Additional Information**
2. Identify the needs being addressed by this program/course. How were the needs determined?  
   Click here to enter text.
3. Explain how this program/course would meet the need(s) identified in the above question.

Click here to enter text.

1. What are the overarching goals for this course?

Click here to enter text.

1. What is the level of student interest?
2. How will you ensure that all students have equitable access to this program/course?  
   Click here to enter text.
3. Describe the professional development/training necessary to implement this particular program/course.

Click here to enter text.

1. Describe the communication plan for informing staff, students, and families about the new program/course.

Click here to enter text.

1. What endorsement/credential is necessary for the credit associated with this course?

Click here to enter text.

1. **Curriculum**
2. What instructional materials do you need for this course? List all core and supplemental materials and text (with publisher and copyright) in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| Title (with publisher and copyright) | Quantity | Select Core or Supplemental | Select District, Transfer, or Building |
|  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. |

**District:** If you are requesting that the District purchase the materials, please complete and attach a *Textbook Purchase Request Form* (Appendix A).

**Building:** If your building will purchase the materials, please choose Building Purchase.

All forms can be found here:[Curriculum - Federal Way School District (fwps.org)](https://www.fwps.org/academics/curriculum)

1. What additional costs, initial or ongoing (such as professional development, copies, consumables, technology, etc.), do you anticipate in relation to this program/course and how will these costs be funded?

Click here to enter text.

1. What, if any, pre-requisites exist for taking this course or entering this program?

Click here to enter text.

1. **Required Signatures**

*Signatures indicate recommendation for approval of the course. If recommendation is for denial of the course, please note that in the signature space.*

Building Signatures Required from the Submitting School

1. Originator of Request (Required) Name: Click here to enter text.  
    Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Principal (If originated at school level) Name: Click here to enter text.  
    Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teaching for Learning Signatures

1. Content Facilitator (Required) Name: Click here to enter text.  
    Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Content Facilitator: please complete task at bottom of page 1 prior to signing.*

1. Director (Required) Name: Click here to enter text.  
    Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Executive Director of Scholar Learning, Name: Erika Rudnicki  
    Academic Programs, and Staff Development Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Chief Academic Officer (Required) Name: Dr. Melissa Spencer  
    Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For TFL Department Use Only:  
Final recommendation is for Approval Denial

1. Student Information Specialist (Required) Name: Emily Jacobs  
    Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR ITS USE ONLY**

**Course Code(s):**

**Other information:**

**Submit completed form to the appropriate content facilitator.**

**Facilitators will notify buildings upon final approval.**

**Appendix A**

**Instructional Materials Purchase Request Evaluation Form**

**General Instructions**

1. For *each* title being requested, please complete the following tables.
2. At least two other titles must have been considered alongside the one chosen (total of three texts considered).
3. There will be one table completed for each requested title. If you need more tables, simply copy and paste an additional table into the document.

**Title #1 Requested:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Title** | **Author** | **ISBN #** |
|  |  |  |
| ***Why is this text the best fit for the course? How does it align to the standards for the course and support instruction?***  Click here to enter text. | | |
| **In the below cells, enter information about the three other titles that were considered for the course.** | | |
| **Title** | **Author** | **ISBN #** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| ***Why were these titles rejected?***  Click here to enter text. | | |

**Title #2 Requested:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Title** | **Author** | **ISBN #** |
|  |  |  |
| ***Why is this text the best fit for the course? How does it align to the standards for the course and support instruction?***  Click here to enter text. | | |
| **In the below cells, enter information about the three other titles that were considered for the course.** | | |
| **Title** | **Author** | **ISBN #** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| ***Why were these titles rejected?***  Click here to enter text. | | |

**Title #3 Requested:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Title** | **Author** | **ISBN #** |
|  |  |  |
| ***Why is this text the best fit for the course? How does it align to the standards for the course and support instruction?***  Click here to enter text. | | |
| **In the below cells, enter information about the three other titles that were considered for the course.** | | |
| **Title** | **Author** | **ISBN #** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| ***Why were these titles rejected?***  Click here to enter text. | | |

**Title #4 Requested:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Title** | **Author** | **ISBN #** |
|  |  |  |
| ***Why is this text the best fit for the course? How does it align to the standards for the course and support instruction?***  Click here to enter text. | | |
| **In the below cells, enter information about the three other titles that were considered for the course.** | | |
| **Title** | **Author** | **ISBN #** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| ***Why were these titles rejected?***  Click here to enter text. | | |

**Title #5 Requested:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Title** | **Author** | **ISBN #** |
|  |  |  |
| ***Why is this text the best fit for the course? How does it align to the standards for the course and support instruction?***  Click here to enter text. | | |
| **In the below cells, enter information about the three other titles that were considered for the course.** | | |
| **Title** | **Author** | **ISBN #** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| ***Why were these titles rejected?***  Click here to enter text. | | |