



Boulder Valley School District
File IF-E1
Revised: June 28, 2005

NEW COURSE PROPOSAL

Contact Person _____ School _____

Department _____ Date _____

Name of Proposed Course: _____

Grade Level(s): _____ Number of Credits _____ Weighted ___ yes ___ no

Prerequisites (if any) _____

Proposed Implementation Date _____

Type of Proposal (Check One)

_____ New Course – District-wide Implementation

_____ New Course – Trial Status Implementation

_____ Title Change Only (Respond to 1 and 2 only)

_____ Credit Change (Provide reason in 2 below)

_____ Other (please explain)

Course Proposal:

1. Briefly describe the new course in the format used in course description booklets.
2. Explain why the new course is needed in terms of the student needs it will meet and how it will meet them.
3. How will the proposed course address the needs of diverse learners, consistent with the district's goal of reducing differences in patterns of achievement among various student groups?

4. Explain how this course enhances and articulates with the District curricula already in place and supports achievement of district priorities and/or initiatives.
5. List the essential learning results for the course and show how they align with the BVSD Academic Content Standards for this discipline, if applicable. Please put them in a format similar to that of other courses in this same content area at this level.
6. What resources are needed and where will they come from:
 - a. What kinds of professional development will be needed and who will provide?
 - b. What learning materials will be needed for the course and how will they be obtained?
7. What other input, if any, have you had regarding this course?
8. If Trial Status proposal, how will this course be evaluated? (Required for Trial Status – Submit Form IF-E3, *Evaluation for New Course Proposal: Trial Status*)

Endorsements:

Contact Person _____ Date _____

Department Chair(s) _____ Date _____

_____ Date _____

Approvals:

Principal _____ Date _____

Curriculum Advisory Board Meeting Date: _____

Asst. Supt. of Learning Services _____ Date _____
(after Curriculum Advisory Board review)

Board of Education Approval Date: _____

Superintendent of Schools _____ Date _____

End of File: IF-E1