Kennewick School District
New Course Approval
Form and all explanatory information to be submitted to KSD Teaching and Learning by October 15th. All submissions will receive status of their request by December 5th.

School _____   Date of request _____

Course title _____   Person/department requesting approval _____

Has course been piloted? _____   Projected first offering date _____

Grade level _____   Full year _____ or Semester course _____

Who will teach the course? _____

Please attach explanatory information on any of the following items that are checked YES.

1. Do the course objectives conform to the appropriate learning standards?
     Yes ❏   No ❏
2. Is there currently a comparable course with similar objectives being taught at your school/district?   Yes ❏   No ❏
3. Does this course contain sensitive subject matter?   Yes ❏   No ❏
4. Will there be activities outside the classroom?   Yes ❏   No ❏
5. Does the course include on-site job experience?   Yes ❏   No ❏
6. Will the course include field trips for students?   Yes ❏   No ❏
7. Are there any prerequisites required for the course?   Yes ❏   No ❏

Attach a statement addressing the following items:

A. KSD Learner Profile attributes supported by the new course support.
B. Course objectives and how they meet\learning standards.
C. Standalone course or course within a sequence or pathway of courses.
D. Course description, as it will appear in the course catalog.
E. Course syllabus.
F. Scope and sequence for course (template available).
G. Proposed course materials and/or technology needs.
H. How the course meets the needs of all students and ability levels.
I. Start-up and long-term costs of the course (include projected funding source).
J. Type of Graduation Credit.
K. If a pilot was conducted, please include evaluation information.

Staff Signature (submitting form): _____ Date: _____

Building principal signature: _____ Date: _____

New Course Approval Check List

(NOTE: Building principal should submit to the assistant superintendent of teaching and learning for review)

To be completed by K-12 department:

Type of graduation credit requested	
Number of credits	
KSD course code	
OSPI state course code	
Vocational CIP code	
NCAA eligible	
Dual credit	
Equivalency credit	
Schools that will offer the course	
Course designation	

Teaching and Learning Equivalency Credit Review Chair Signature: _____ Date: _____

Level Director Signature: _____ Date:_____

Assistant Superintendent of Teaching and Learning Signature: _____Date: _____

Amended: June 21, 2023