

Victor Valley Union High School District
REQUEST FOR NEW COURSE ADOPTION

GENERAL INFORMATION

Submitted by:	
School Site:	
Date Submitted:	
E-mail:	

COURSE INFORMATION

Course Title:			
Department offering Course:		Intended Grade Level:	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
<input type="checkbox"/> Academic Course <input type="checkbox"/> Non-Academic Course <input type="checkbox"/> Honors Course		College Prep: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Meets Graduation Requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No		Course Length: <input type="checkbox"/> Year <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
Graduation Credit Area: <input type="checkbox"/> History/Soc Science <input type="checkbox"/> English <input type="checkbox"/> Mathematics <input type="checkbox"/> Life Science <input type="checkbox"/> Physical Science <input type="checkbox"/> Foreign Language/Visual and Perf Arts/CTE <input type="checkbox"/> Physical Education <input type="checkbox"/> Elective			
Pending UC/CSU: <input type="checkbox"/> History/Soc Science <input type="checkbox"/> English <input type="checkbox"/> Mathematics <input type="checkbox"/> Lab Science <input type="checkbox"/> Foreign Language <input type="checkbox"/> Visual and Perf Arts <input type="checkbox"/> Elective			
Prerequisite(s):		Estimated Starting Date:	
<i>Please briefly describe the course</i> Course Description:			

SIGNATURES FROM REPRESENTIVES BELOW ARE REQUIRED

Adelanto High School			
	Principal Name	Principal Signature	Date
Cobalt Institute of Math & Science			
	Principal Name	Principal Signature	Date
Goodwill High school			
	Principal Name	Principal Signature	Date
Hook Junior High school			

	Principal Name	Principal Signature	Date
Lakeview Leadership Academy			
	Principal Name	Principal Signature	Date
Larrea Middle School			
	Principal Name	Principal Signature	Date
Silverado High school			
	Principal Name	Principal Signature	Date
University Prep			
	Principal Name	Principal Signature	Date
Victor Valley High School			
	Principal Name	Principal Signature	Date

CAB Representative Name			
	Print Name	Signature	Date
Coordinator, Ed Services			
	Print Name	Signature	Date
Director, Ed Services			
	Print Name	Signature	Date

BOARD APPROVAL

Board Approval:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Tech Ed Section	Course Number:	Date Complete:

Request For New Course Adoption – Continued *(If more space is required please use a separate sheet of paper)*

STUDENTS WILL GAIN THE FOLLOWING

Knowledge Acquisition:	
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Learning and or Social Skills Acquired:	
Measurable Goals: (Minimum of 5)	
Explain how this course follows the State Framework:	
Explain how this course meets State Academic Standards and/or Policies:	

COST OF COURSE

Startup Cost:	
Text name and Cost:	

Equipment Needed:	
Continuing Cost	
Yearly Student Cost:	

ASSESSMENT

Assessment:	
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****Required Attachments: Detailed Course Description, Objectives, Outline, Quarterly time line of Skill achievement, and Assessment Tools****