



# Procedure 2026 - Course Proposal

Tumwater School District No. 33 • 621 Linwood Avenue SW • Tumwater, WA 98512

## Procedure

1. Complete this proposal for developing a new course or making major modifications to an existing course
2. Obtain required signatures (see last page)
3. Send to Student Learning for review, approval process, and course code assignment.

## New course

Full course title _____	
Grade level (check all that apply) <input type="checkbox"/> G6 <input type="checkbox"/> G7 <input type="checkbox"/> G8 <input type="checkbox"/> G9 <input type="checkbox"/> G10 <input type="checkbox"/> G11 <input type="checkbox"/> G12	Amount of credit offered <input type="checkbox"/> .5 (1 semester) <input type="checkbox"/> 1.0 (full year) <input type="checkbox"/> Other _____
Grad requirements fulfilled (check all that apply) <b>English</b> <input type="checkbox"/> G9 <input type="checkbox"/> G10 <input type="checkbox"/> G11 <input type="checkbox"/> G12 <b>Math</b> <input type="checkbox"/> Alg 1/equiv <input type="checkbox"/> Geometry/equiv <input type="checkbox"/> 3 <sup>rd</sup> year <b>Science</b> <input type="checkbox"/> Lab science <input type="checkbox"/> elective <b>Social studies</b> <input type="checkbox"/> World studies <input type="checkbox"/> US history <input type="checkbox"/> Govt/Econ <input type="checkbox"/> Sr Soc <b>Health and Fitness</b> <input type="checkbox"/> Health <input type="checkbox"/> PE <b>Other</b> <input type="checkbox"/> CTE <input type="checkbox"/> Arts <input type="checkbox"/> General electives	Course designations (check all that apply) <input type="checkbox"/> CADR course <input type="checkbox"/> College in the high school <input type="checkbox"/> CTE Dual Credit <input type="checkbox"/> NCAA  State course code _____  Please visit <a href="http://www.k12.wa.us/CEDARS/Manuals.aspx">http://www.k12.wa.us/CEDARS/Manuals.aspx</a> to download the most recent state course code list  CIP code (CTE only) _____

## Modification or replacement of existing course

Current course title _____	New course title _____
Grade level (check all that apply) <input type="checkbox"/> G6 <input type="checkbox"/> G7 <input type="checkbox"/> G8 <input type="checkbox"/> G9 <input type="checkbox"/> G10 <input type="checkbox"/> G11 <input type="checkbox"/> G12	Amount of credit offered <input type="checkbox"/> .5 (1 semester) <input type="checkbox"/> 1.0 (full year) <input type="checkbox"/> Other _____
Grad requirements fulfilled (check all that apply) <b>English</b> <input type="checkbox"/> G9 <input type="checkbox"/> G10 <input type="checkbox"/> G11 <input type="checkbox"/> G12 <b>Math</b> <input type="checkbox"/> Alg 1/equiv <input type="checkbox"/> Geometry/equiv <input type="checkbox"/> 3 <sup>rd</sup> year <b>Science</b> <input type="checkbox"/> Lab science <input type="checkbox"/> elective <b>Social studies</b> <input type="checkbox"/> World studies <input type="checkbox"/> US history <input type="checkbox"/> Govt/Econ <input type="checkbox"/> Sr Soc <b>Health and Fitness</b> <input type="checkbox"/> Health <input type="checkbox"/> PE <b>Other</b> <input type="checkbox"/> CTE <input type="checkbox"/> Arts <input type="checkbox"/> General electives	Course designations (check all that apply) <input type="checkbox"/> CADR course <input type="checkbox"/> College in the high school <input type="checkbox"/> CTE Dual Credit <input type="checkbox"/> NCAA  Current Skyward course code _____



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## **Impact on Student Learning**

1. Describe the course, including its intended outcomes.
2. What is the purpose of this course? What student needs will it address?
3. Describe how this course fits within the scope and sequence of current offerings in this area.
4. Describe the community, advisory committee, or staff input used to develop this course.

## **Course information**

5. Provide an overview of the planned instructional activities.
6. List or attach the learning standards addressed through this course.
7. List any pre-requisites students need to complete prior to enrollment, as well as describe how equitable access will be ensured.



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## Financial Considerations

8. Instructional Materials needed:

Title: \_\_\_\_\_

Publisher: \_\_\_\_\_

Cost per item: \_\_\_\_\_ Total cost per class: \_\_\_\_\_

9. Facility needs: \_\_\_\_\_

10. Technology needs: \_\_\_\_\_

11. Equipment needs: \_\_\_\_\_

12. Staffing requirements

Certification endorsement required: \_\_\_\_\_ Current or new staff: \_\_\_\_\_

13. Anticipated number of students: Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

## Required Signatures

\_\_\_\_\_  
Print Name of Teacher Submitting Date

\_\_\_\_\_  
Department Head  Approved Date

\_\_\_\_\_  
School Principal  Approved Date

\_\_\_\_\_  
Student Learning Administrator  Approved Date

\_\_\_\_\_  
Student Learning Coordinating Council (SLCC)  Approved Date

Assign Course Code \_\_\_\_\_ Initials \_\_\_\_\_