

**NEWFANE CENTRAL SCHOOL DISTRICT
NEW COURSE OR COURSE REVISION PROPOSAL**

Department/Grade Level _____ Date _____

Proposed Course/Program Title _____

Course Length Qtr Sem Year Credits _____
(if applicable)

Requirement/Elective _____

Class meets: daily _____ other _____
(specify)

Minimum Enrollment _____ Maximum Enrollment _____

Prerequisites _____

Proposed date for Implementation _____

- *In Spring, page 1 submitted to Building Principal*
- *By October 1 complete proposal to Director of Curriculum*
- *By end of December to District Curriculum Committee*
- *In January, recommendation to BOE for inclusion on next Board agenda for vote.*

FOR OFFICE USE ONLY

1. This course/revision will: (Please check appropriate spaces)
_____ be an addition to the department's offering
_____ be a replacement for _____
_____ be a pilot study for _____
_____ delete _____
_____ require summer curriculum development time

2. This course/revision will require:
_____ the adoption of a new textbook
_____ the use of a text previously adopted and in use

3. This course/revision will require: (Please check appropriate spaces)
_____ specialized organization of teacher time
_____ specialized room arrangements or equipment (explain on back of sheet)
_____ additional planning time other than presently provided in school day
_____ a change in the number of teachers' preparations (increase/decrease)

4. To what extent does this revision conflict with the content and/or student availability of other courses in your department?
Possible conflicts with courses offered in other departments?

Curriculum Hours Requested _____

Initiators Signature: _____ Date: _____

Principal Signature _____ Approved for Study _____

Director of Curriculum Signature _____ Approved for Study _____ Curriculum Hours

Approved _____

Recommendations to team: _____

Course Information

- A. Rationale for proposal (Provide a brief description of student/school needs, research supporting the proposal, purpose of course, benefits and anticipated student outcomes.)
- B. Indicate any state standards and/or district priorities this proposal would support.
- C. Course /Program Description/Revision
1. Short descriptive paragraph highlighting the major focus or revisions of the course to be used for course offering catalog.
 2. Including a brief topical outline
- D. Instructional Methods (Check applicable ones and explain wherever necessary.)
Which of these are used: Check (x)
- | | | |
|---|--|---|
| <input type="checkbox"/> Lectures | <input type="checkbox"/> Demonstrations | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Discussions | <input type="checkbox"/> Term Papers | <input type="checkbox"/> Check Quizzes |
| <input type="checkbox"/> Special Reports | <input type="checkbox"/> Extra Reading | <input type="checkbox"/> Individual Student |
| <input type="checkbox"/> Group Settings | <input type="checkbox"/> Extended Summer | <input type="checkbox"/> Contracts |
| <input type="checkbox"/> Laboratory
(Hands on) | <input type="checkbox"/> AV Materials | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | <input type="checkbox"/> Internet | <input type="checkbox"/> Computer Simulations |
- E. Student Assessments to be applied. (e.g., benchmarks, portfolio, unit tests, pre-test / post-test, local final, etc.)
- F. How will this course be evaluated?

F. Financial Impact (Provide an explanation of projected costs for personnel, materials, and equipment.)

Added Personnel: Financial Amount

_____None
_____Professional _____

Added materials:

Textbooks _____ @\$ _____ = \$ _____
Supplies _____ \$ _____

Added equipment:

List Items:

Cost:

Curriculum Development Cost:

Total hours requested for curriculum development: _____

Total costs-salary (\$25/hr. x # of hrs. x # of staff): _____

Outside Resource Funding:
(check)

Grants _____

Donations _____

Anticipated Amount: _____

Initiators Signature: _____

Principal Signature _____

Director of Curriculum Signature _____