

INSTRUCTIONS FOR THIS FORM

Please type narrative responses into form. Please save and print for original signatures. Send original with any additional information to:

Office of Curriculum & Instructional Support

Chicopee Public Schools

NEW COURSE REQUEST FORM

1. **DEPARTMENT** (Name of department or program which will offer the course):

2. **COURSE NUMBER:**

FULL TITLE IN CATALOG:

IS THIS REPLACING ANOTHER COURSE? YES NO

IF YES, WHICH COURSE?

EPIMS ALIGNMENT NUMBER*: _____

*To be assigned by the Office of Accountability

MASS CORE DESIGNATION*: Not Mass Core Eligible Mass Core Eligible

*To be assigned by the Office of Accountability

3. **CATALOG DESCRIPTION** (40 words maximum):

a) **GRADING PATTERN:**

b) **CREDIT:**

c) **PREREQUISITES:**

d) **MISCELLANEOUS FEES FOR COURSE'S START-UP TOTAL:** (\$):

e) **HOURS/WEEK OF ACTIVITY OR LAB** (if needed):

Please fill out Sections A~H:

A. Its applicability to students and an enumeration of those groups of students to be affected:

B. The intended learning objectives; defined in terms of how the learning is applied:

C. Its scope and sequence:

D. Its justification in terms of the goals of this District, especially when it is proposed to take place of an existing course of study:

E. Its instructional methods and learning strategies including the manner in which the learning principles are applied to the content of the course:

F. The resources that its implementation will require, including instructional materials, equipment, specially trained personnel, etc...

G. The plan for its continuous assessment, which includes criteria and standards:

H. Verification by the school that a highly qualified/licensed in the proposed course of study teacher is available to teach said proposed course:

The following **designee(s)** has (have) been consulted and their signature is required for approval:

Person Requesting New Course:

_____ Date: _____

Department Head:

_____ Date: _____

Principal:

_____ Date: _____

Assistant for Curriculum & Instructional Support:

_____ Date: _____

Superintendent:

_____ Date: _____

Approved by School Committee on: _____