

HIGH SCHOOL COURSE APPROVAL FOR GRADES 9-12

MAY 1 SUBMISSION

The required information includes:

1. Completed High School Course Approval Request Form for Grades 9-12 (enclosed/attached). All requested information must be provided.
2. School-created attachments (must be submitted in this order):
 - I. Course Outline with specific connections to the appropriate curriculum framework and student learning expectations (detailed course outline and student learning expectation numbers)
 - II. List of instructional materials, teaching resources and equipment to be used for this course
 - III. Description of targeted student population for which this course is intended and a statement of any prerequisites for students enrolling in this course
 - IV. Description or examples of assessments appropriate for this course

****Note:** If proposed course includes multilevel student involvement, the information listed above must be provided for each level participating in the course.

After the review by the course approval committee, requests receive one of three possible responses: approval, disapproval, or request for further information. Schools will be notified in writing of committee findings, but often other communications occur before, during, and after the committee review. Failure to adhere to the specific requirements or to provide the required information will justify disapproval status.

Any school seeking approval must ensure that students enrolled in this course participate in appropriate (end-of-course and/or grade level) assessments and that students are well prepared to demonstrate proficiency on the state assessments. Failure on the part of a school to prepare students can constitute a due process error.

Requests for assistance and submission requests should be directed to:

Dr. Cheryl Wiedmaier
The Office of the Curriculum and Career
Development Arkansas Department of Career
Education
Three Capitol Mall, Room 402
Little Rock, AR 72201
Phone: (501) 683-5970

**ARKANSAS DEPARTMENT OF CAREER EDUCATION
HIGH SCHOOL COURSE APPROVAL REQUEST FORM
GRADES 9-12**

Initial submission must be **received** no later than **May 1** prior to the school year in which the course is to be taught.

THIS SECTION IS TO BE COMPLETED BY A SCHOOL DISTRICT ADMINISTRATOR

School Information

District: _____

School: _____ LEA # _____

Contact Information

Contact Person: _____ Phone: _____

Email: _____

Summer Contact Person: _____

Phone (home or cell): _____ Email: _____

Course Information

Name of Course: _____ Length of course: _____
(one semester, two semesters, or two-year)

Amount of Credit: _____ Area of Credit: _____

Curriculum Framework to which course is connected: _____

Teacher Information

Name: _____ Licensure Area: _____

THIS SECTION RESERVED FOR ARKANSAS DEPARTMENT OF CAREER EDUCATION

Curriculum Section

Reviewed by: _____ Date Reviewed: _____

District section of this form is appropriately completed
All required attachments are affixed and appropriate
Teacher licensure is current and appropriate

Recommendation: Approve Do Not Approve Signature: _____

Course Approval Program Coordinator Section

Approved by: _____ Date Approved: _____

Date approval/disapproval notification letter sent: _____

Coordinator Signature: _____