

**MARENGO COMMUNITY HIGH SCHOOL DISTRICT NO. 154**

REVISED

**NEW COURSE PROPOSAL FORM**

Name of Person Making Request: \_\_\_\_\_

*Answer the following questions and route this form as detailed on the reverse.*

Dept. \_\_\_\_\_ Proposed starting date: \_\_\_\_\_

1. Fill in the information listed below for the proposed course: Required or elective class (circle one)

Grade Levels \_\_\_\_\_ (Year or Sem.) Credit \_\_\_\_ Level: SpEd., B, G. or H

Course Description:

Pre-requisite:

2. Briefly discuss your rationale for the course you have proposed.

3. Attach a brief course outline aligned to the Illinois Learning Standards.

4. Discuss how the course “fits” sequentially into your department and indicate any pre-requisites.

5. Briefly discuss the impact of the proposed course on existing departmental classes and across the curriculum.

6. What special qualifications are needed for someone to teach this course?

7. Total Cost broken down by staff, equipment, textbooks, supplies.

**New Class Signature Form-Approval or disapproval of department members**

| SIGNATURES | DATE  | Approve or Disapprove |
|------------|-------|-----------------------|
| _____      | _____ | _____                 |
| _____      | _____ | _____                 |
| _____      | _____ | _____                 |
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A quorum is required to propose changes  
Comments are required if you disapprove.

**APPROVAL/DISAPPROVAL BY SUBJECT AREA COORDINATORS:**

Motion PASSED or FAILED by \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL/DISAPPROVAL BY DISTRICT AD TEAM:**

Motion PASSED or FAILED by \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL/DISAPPROVAL BY BOARD OF EDUCATION**

Motion PASSED or FAILED by \_\_\_\_\_ Date \_\_\_\_\_