CHARTER SCHOOL COURSE PROPOSAL

"Course Proposal [<mark>enter name of the course here</mark>]." Complete required sections including all signatures. Email to michelle.gasser@stemk12.org.and Ryan.Alsup@stemk12.org

SECTION 1: REQUIRED INFORMATION

Date:	11/15/2023
School Name	STEM School Highlands Ranch
Name of the building administrator assigned to support the completion of this course proposal:	Michelle Gasser
Phone number:	303-683-7836
Name of course:	BUS 1021- Basic Workplace Skills
Course number if for course modification:	STEMHS1216
If CE course amount of College Credit awarded	0.5 HS credits (1 college credit)
Department to which this course is assigned:	Business
Credit: *(check one if secondary course)*	☑ ~~0.50 (one semester)~~ ← ☐ 1.0 (year long)
Credit type students will earn for this course: *(Secondary only - Fine Art, Science, Practical Arts, Etc.)*	ELE
Grade level(s):	9-12

<mark>Course Shell Spreadsheet</mark>

State Standard Course Code Spreadsheet. This spreadsheet has course descriptions and the state course code used to identify Highly Qualified status and is used in state reporting.

DESCRIPTION:

Focuses on personal and workplace skills necessary for successful performance. This course introduces project management principles necessary to effectively lead and implement a project.

SECTION 2: OPTIONAL INFORMATION THAT MAY BE HELPFUL FOR GOVERNING BOARDS OR SCHOOL LEADERSHIP - NOT REQUIRED FOR SUBMISSION.

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Alignment to the 21st Century Skills: Explain the extent to which this course aligns to DCSD 21st Century Skills.

IMPLEMENTATION NEEDS:

Are there course prerequisites? If so, do descriptors for other courses need to be amended indicating prerequisite change?

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What courses follow the proposed course?

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Describe the process and timeline for development of necessary teacher resources, including instructional ideas, training, methods, materials, and technology.

SYSTEMS CHECK and NEEDS ASSESSMENT:
At the building level, content specific team members review needs for this proposed course and with the Principal's support.

☐ Yes

☐ No

☐ Forwards with approval

☐ Do not forward because:

SECTION 3: REQUIRED SIGNATURES/APPROVALS

Does the Building Administrator approve adoption of this course?	☐ Yes	☐ No
Date _____ Building Administrator Signature_____ Building Administrator Name (please print)_____		

Does the Governing Board approve adoption of this course?	☐ Yes	☐ No
Date of Governing Board Meeting _____ Signature of Board President _____ Board President Name (please print) _____		

Does the Director of Choice Programming approve adoption of this course?	☐ Yes	☐ No
Date _____ Director of Choice Programming Signature_____ Director of Choice Programming Name (please print) _____		

Does the Director of Academic Systems approve adoption of this course?	☐ Yes	☐ No

Date _____

Director of Academic Systems Signature_____

Director of Academic Systems Name (please print) _____

TO BE COMPLETED BY ACADEMIC SYSTEMS	DATE	ENTERED BY
Course entered in Infinite Campus database		
School Notified of Completion		
Course Scanned to Server		

Revised September, 2023

Sample Course Proposal