## **CHARTER SCHOOL COURSE PROPOSAL**

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

## SECTION 1: REQUIRED INFORMATION

Date:		
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 2026 – Business Statistics	
Course number if for course modification:	STEMHS1218	
If CE course amount of College Credit awarded	05. HS Credits- 1 college credit course	
Department to which this course is assigned:	Business	
Credit: (check one if secondary course)	$\boxed{\bigcirc}$ 0.50 (one semester) ← $\boxed{\bigcirc}$ 1.0 (year long)	
<b>Credit type students will earn for this course:</b> (Secondary only - Fine Art, Science, Practical Arts, Etc.)	Elective	
Grade level(s):	9-12	

# Course Shell Spreadsheet

<u>State Standard Course Code Spreadsheet</u>. 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 statistical study, sampling, organizing and visualizing data, descriptive statistics, probability, bi-nominal distributions, normal distributions, confidence intervals, linear regression, and correlation. Intended for business majors.

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

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<u>Alignment to the 21<sup>st</sup> Century Skills</u>: Explain the extent to which this course aligns to DCSD 21<sup>st</sup> 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

 $\hfill\square$  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?
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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