

Please submit one signed, hard copy of all forms and attachments, as well as email the electronic version, to:
 Trinity Colson, Course Code Directory Manager
 Office of Articulation
 Florida Department of Education
 325 West Gaines Street, Suite 1401
 Tallahassee, Florida 32399-0400
 Phone: (850) 245-9543
 Email: trinity.colson@fldoe.org

Course Code Directory

Request to Add a New Course

DATE:		SCHOOL DISTRICT:		
CONTACT NAME/TITLE:		CONTACT PHONE:		
CONTACT MAILING ADDRESS:		CONTACT EMAIL ADDRESS:		
COURSE TITLE:		SUBJECT AREA:		SUBJECT AREA CATEGORY:
GRADE LEVEL:		COURSE LEVEL:	CREDIT:	WILL MEET HIGH SCHOOL SUBJECT AREA GRADUATION REQUIREMENT FOR:
<input type="checkbox"/> Middle/Junior 6-8 <input type="checkbox"/> 9-12/Adult <input type="checkbox"/> Other _____		<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0 <input type="checkbox"/> Multiple	
RECOMMENDED CERTIFICATION(S):				

COURSE DESCRIPTION:	(Please attach a course description for the recommended course that identifies the Major Concepts/Content, Special Notes, and the Course Requirements aligned with the appropriate state standards.) See example at: http://www.cpalms.org/Courses/PublicPreviewCourse1723.aspx
SCHOOL BOARD APPROVAL:	(Please attach documentation of your School Board approval of this recommended course.)
PLEASE DESCRIBE THE NEED FOR THE NEW COURSE, INCLUDING THE REASON WHY AN EXISTING COURSE WILL NOT SERVE THE NEED. Requests could be supported with data indicating the need for the course. Other considerations should include existing courses that might duplicate content or credits.	
<p><u>END-OF-COURSE (EOC) ASSESSMENT REQUIREMENT:</u> Section 1008.22(6), Florida Statutes, requires each school district to administer, for each course offered in the district, a student assessment that measures mastery of the content, as described in the state-adopted course description, at the necessary level of rigor for the course. Please indicate below which method has been used to develop the local assessment for the attached course request.</p> <p><input type="checkbox"/> EOC assessment was created using the Florida Interim Assessment Item Bank and Test Platform</p> <p><input type="checkbox"/> EOC assessment was created with locally-developed items shared by another district(s)</p> <p><input type="checkbox"/> EOC assessment was purchased from the Florida Catalog of State Adopted Instructional Materials</p> <p><input type="checkbox"/> EOC assessment was created by this district and will be available only to this district</p>	

By signing, requestor is acknowledging that the information provided as a part of this *Request to Add a New Course* is true and accurate.

Signature of Superintendent or Designee

Date