High School Credit Course Elimination Form

Due to the Office of Instruction no later than October 1, 2009

Name of Staff Member Submitting the Elimination: _____

School: _____ Department: _____

Title of the Course: _____

Subject Area: _____ College Credit? _____

Duration of the Course: Year or Semester _____Grade Level(s): _____

Sequential Elective? Yes or No _____If yes, for which elective(s) does it serve as a

sequence to?_____ Course Level: _____

Prerequisite(s):_____

Career Pathway Addressed: _____

_____

College and / or Career Readiness Skills that Students Will Learn: _____

_____

_____

Lifelong Learner Standards that Students Will Engage: _____

_____

Course Elimination Description: Please explain why the course should be eliminated. Please address appropriate ACPS strategic goals in your explanation. You may attach a separate page. Please do not exceed 100 words.

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Staff Member Signature : _____ Date: _____

Department Chair Signature : _____ Date: _____

Director of School Counseling Signature: _____ Date:_____

Principal Signature: _____ Date: _____

Date Received at the Office of Instruction: _____

Please fax this completed form to Nadyia Horning at 872 - 4564 (Office of Instruction).

Attach a photo copy of the original course description.

Program of Studies Committee Approval: _____