

Communication Checklist:

- X Department/CAS Leader
- Principal
- Assistant Superintendent
- Curriculum Committee
- Assistant Superintendent/BOE Curriculum Sub Committee



### Granby Public Schools Change in Program of Study

Purpose of Proposal:

- New Course
- X Revision of a course (not offered for 2 or more years, change in credit, level, alignment to standards, etc.)
- Course elimination
- Course level change
- X Impact on Graduation Requirements

Date Submitted: 11/22/21      Teacher: Geaglone      Department/School Wellness

Course Information:

Course Title: Wellness III and IV  
 Grade(s) and level (AP, honors, academic): Grades 11 and 12  
 Number of credits: ½ credit each course (¼ credit PE. ¼ credit health)  
 Prerequisites: Wellness 9 and Wellness 10

Background/Course History:

Currently Only PE for 12th graders, they have no health ... (class of 2023)11th graders received health Q2.3.4 (¼ credit) so they can be upto date for next year and the graduation requirement

Rationale for recommendation: (Vision, mission, standard, enrollment)

We have only had ¼ credit of PE for 11th and 12th graders but with the graduation requirement we need to add another ½ credit of health so by offering Wellness III and IV each course a ½ year the students will fulfill their graduation requirements.

**Curriculum: (Alignment to Standards, common core expectations), integration of other content area standards, performance assessment, rubrics)**

By adding these courses we will be able to fulfill the grade 9-12 Health standards and graduation requirement for the State.

**How will the content of this course be delivered?**

PE/Health teachers will teach the classes

**Timelines for consideration (significant dates/deadlines/professional development/curriculum writing):**

Will need summer of 2022 to write a curriculum for this course. Wellness III is in the process but Wellness IV has not been started yet.

**Budget Implications (textbooks, supplemental resources, staffing, scheduling, professional development training, and curriculum writing):**

This column to be checked by Assistant Superintendent	Budget Need Area	Yes/No: Complete for each area listed	Amount Needed	Purpose-Why??
	.8 PE/Health teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No	???	More sections will need to be added to fulfil this requirement
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Other:**

**FOR OFFICE USE ONLY:**

Date BOE sub-committee reviewed: \_\_\_\_\_

Action: \_\_\_\_\_

**Approved**

\_\_\_\_\_ **Not Approved**