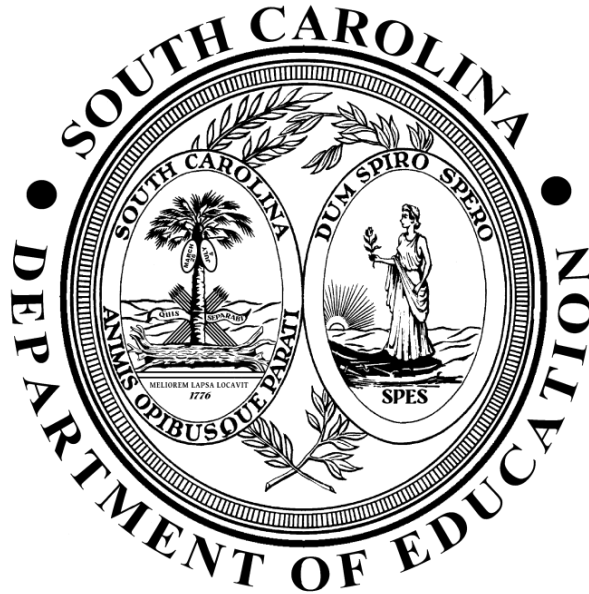


**STATE OF SOUTH CAROLINA**  
**DEPARTMENT OF EDUCATION**

**MOLLY M. SPEARMAN**  
*STATE SUPERINTENDENT OF EDUCATION*  
*SECRETARY TO THE STATE BOARD OF EDUCATION*



**Innovative Approaches: Locally Designed  
Subject Area Course Application**

Division of College and Career Readiness  
1429 Senate Street, Room 902  
Columbia, South Carolina 29201

2020–2021

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**SOUTH CAROLINA DEPARTMENT OF EDUCATION  
DIVISION OF COLLEGE AND CAREER READINESS**

**LOCALLY DESIGNED SUBJECT AREA COURSE APPLICATION  
(Core Graduation Credit)**

State Board of Education Regulation 43-234 allows schools with grades 9–12 to award credit for a locally designed subject area course if the course is aligned with current state academic standards for the particular subject area and approved by the local board of trustees. The course will then be reviewed for approval by State Superintendent of Education.

South Carolina Department of Education (SCDE) approval is not required for locally designed courses for which students receive elective college preparatory credit as long as the courses are approved by the local board of trustees.

**If honors credit is needed for any locally designed elective course, follow the Honors Framework Appendix A.**

Email the completed Locally Designed Subject Area Course Application to **Crystal Dennis** at [cdennis@ed.sc.gov](mailto:cdennis@ed.sc.gov). For questions or concerns, please contact Crystal at 803-734-8052.

**An approved application is valid for three years unless new standards are written in the subject area. In such a case, another application must be completed and submitted to the SCDE.**

<b>SCDE Assigned Course Code (SCDE use only):</b> _____
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<b>REQUESTED INFORMATION</b>	
<b>Date Submitted:</b>	
<b>District:</b>	
<b>Application Prepared and Submitted By:</b>	
<b>Name:</b>	
<b>Position:</b>	
<b>Mailing Address:</b>	
<b>Phone Number, including area code:</b>	
<b>E-mail address:</b>	

REQUESTED INFORMATION	
Locally Designed Subject Area Course For Core Credit	
Name of Course:	
Subject Area:	
Length of Course	<input type="checkbox"/> Semester <input type="checkbox"/> Year
Grade Level(s):	
Course Beginning Date:	
Course Ending Date:	
Course Credit to be Awarded:	<input type="checkbox"/> one unit <input type="checkbox"/> one-half unit
School(s) Where Course Will Be Implemented	
Teacher Of The Locally Designed Course*	
Teacher's Name:	
South Carolina Certification Identification (CID) Number:	
List all area(s) of certification/endorsement that appear on the certification:	
List any specific experience(s) or training(s) the teacher may have in this area of study:	

*\*Use a separate sheet and answer each question if more than one person will be teaching the course.*

**All applicants must complete items 1–7. If this application is for marching band to substitute for physical education per S.C. Code Ann. §59-29-80, also complete items 8-10.**

1. Provide a short description of the proposed course.
2. Explain how the needs assessment conducted at the local level substantiates the need for the proposed course.

**All applicants must complete items 1–7. If this application is for marching band to substitute for physical education per S.C. Code Ann. §59-29-80, also complete items 8-10.**

3. List the criteria for selecting students for the course, including prerequisite courses.

4. List the proposed teaching methodologies to be used in the course.

5. Attach a course syllabus or scope and sequence for this proposed course.

6. Identify the curriculum, textbooks, and materials that will be used in the course.

7. Demonstrate the alignment of the proposed course with SC Academic Standards using the attached chart at the end of this application.

**Marching Band Only**

8. Attach a copy of the PowerSchool master schedule for each school for which this application covers. If the master schedule is not currently available, please submit as soon as available, but not later than July 31, 2020. This Innovative Course Application is not complete without these documents.

9. Explain how students in the marching band course will receive all physical education standards and all comprehensive health education standards.

10. Provide times and/or bell periods when marching band is offered. Use a separate explanation if more than one school is included in this application.

[illegible]

## REQUIRED SIGNATURES

I certify that this locally designed honor course for elective high school credit will be taught by a properly certified teacher, is aligned with the state-adopted academic standards, is consistent with the UGP, and was approved by the local board of trustees.\*

I certify that this locally designed honor course for elective high school credit will be taught by a properly certified teacher, is aligned with the state-adopted academic standards, is consistent with the UGP, and was approved by the local board of trustees.\*

\_\_\_\_\_  
Date \_\_\_\_\_  
Signature of the Teacher of the locally designed course for high school credit

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date \_\_\_\_\_  
Signature of the second Teacher, if applicable

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date \_\_\_\_\_  
Signature of the Principal/Director of School where the course will be offered

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date \_\_\_\_\_  
Signature of this District Superintendent or Designee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date \_\_\_\_\_  
Signature of the District Board of Trustees, Chairperson

\_\_\_\_\_  
Print Name

*\*Use additional signature sheets, if necessary, and attach it to this application.*