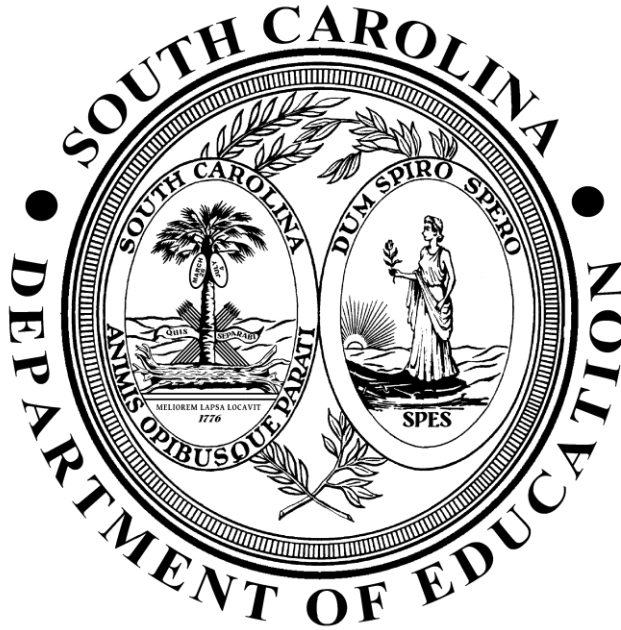


**STATE OF SOUTH CAROLINA**  
**DEPARTMENT OF EDUCATION**

**ELLEN E. WEAVER**  
*STATE SUPERINTENDENT OF EDUCATION*



**Innovative Approaches: Diploma Pathways  
Course Sequence Application**

Division of College and Career Readiness

**2024-25**

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## **Contents**

Contents .....	1
OVERVIEW .....	2
CONTACT INFORMATION.....	3
RATIONALE FOR DIPLOMA PATHWAY COURSE SEQUENCE .....	4
CONTENT AREA COURSE PATHWAYS .....	5
COURSE INFORMATION.....	5
CERTIFICATION REQUIREMENTS FOR THE LOCALLY DESIGNED COURSES .....	6
REQUIRED SIGNATURES .....	8

## OVERVIEW

On May 19, 2017, the South Carolina Governor signed legislation allowing for personalized pathways to a South Carolina high school diploma. South Carolina Code Ann., § 59-39-100, was amended to read the following:

*To support the Profile of the South Carolina Graduate, for students entering ninth grade beginning with the 2018–2019 School Year, the twenty-four units required are as prescribed in this section and in regulation by the State Board of Education. (1) Students will continue to be required to earn the units of credit as prescribed in regulation and, when applicable, be offered national industry certifications and credential. (2) Coursework must be aligned with a student's personalized diploma pathway. The State Board of Education shall promulgate regulations that outline the process and procedures for approval of courses to personalize pathways based on students' postsecondary plans and include an annually updated course activity coding manual listing approved courses. The individualized graduation planning process must plan each student's personalized pathway based on his postsecondary plans.*

To facilitate the requirements of this statute, the South Carolina Department of Education (SCDE), through the State Board of Education (SBE), with approval from the South Carolina General Assembly, updated SBE Regulation 43-234 (B) on May 25, 2018. As part of that regulation, the SBE provides these supporting guidelines on the process and procedures for approval of courses to personalize pathways that both the SCDE and each applicable school districts will use.

Email the completed Diploma Pathways Course Sequence Application to [innovativecourseapp@ed.sc.gov](mailto:innovativecourseapp@ed.sc.gov). For questions or concerns, please send an email to [innovativecourseapp@ed.sc.gov](mailto:innovativecourseapp@ed.sc.gov). **Please allow 30 days from date of submission for SCDE processing to be completed.**

**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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### CONTACT INFORMATION

<b>Date Submitted:</b>	
<b>District:</b>	
<b>Application Prepared and Submitted By:</b>	
<b>Name:</b>	
<b>Position:</b>	
<b>Phone Number, including area code:</b>	
<b>E-mail address:</b>	

## **RATIONALE FOR DIPLOMA PATHWAY COURSE SEQUENCE**

***Reflection 1: Explain how the needs assessment conducted at the local level substantiates the need for the proposed course sequence.***

- What student-driven needs for success in high school does this course sequence address (student strengths/areas for growth)?
- What student-driven needs for post-secondary plans does this course sequence address (2-year technical schools, 2-year certification programs, military, direct entry into the workforce, direct certifications earned within high school)?

***Reflection 2: Based on student needs identified in Reflection 1, provide a description of the proposed sequence of courses that comprise the innovative pathway.***

- What courses already exist, and what courses will your district need to develop to build the pathway?
- How does the sequence include prerequisite skills and academic language that are necessary for students to succeed in the course sequence?
- How does the course sequence scaffold students to the intended post-secondary outcome?
- What current scheduling framework (AB/4X4/Traditional/Hybrid) does your district use? How does this provide students with the opportunity to access the courses in the proposed pathway?

***Reflection 3: Based on student needs identified in Reflection 1 and the proposed sequence of courses detailed in Reflection 2, list and explain the criteria for selecting students for the course sequence.***

- What quantitative measures will be used to identify students for this course? (e.g., SC READY data, district benchmark data, class averages) What are the established cut scores, and how do they inform recommendation for the prescribed pathway?
- What qualitative measures will be used to identify students for this course? (e.g., Observed classroom performance, anecdotal record/notes, work ethic)
- What research informs the proposed selection criteria?

## CONTENT AREA COURSE PATHWAYS

Use the grid below to show how courses will be provided to support students as they progress through their prospective learning pathways.

9<sup>TH</sup>

10<sup>TH</sup>

11<sup>TH</sup>

12<sup>TH</sup>

## COURSE INFORMATION

**\*Submit a separate application for each locally designed course that is being submitted for approval.**

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	

## **CERTIFICATION REQUIREMENTS FOR THE LOCALLY DESIGNED COURSES**

List all area(s) of certification/endorsement that should appear on the certification:

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List any specific experience(s) or training(s) that teacher may have in this area of study:

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1. Describe the research-based methodologies and instructional practices that will be used and how they will meet identified student needs.
2. Identify the curriculum, textbooks, and materials that will be used in the course and how they directly support identified methodologies and instructional practices tied to student needs.
3. Demonstrate the alignment of the proposed course with SC Academic Standards using the chart below.

Provide evidence via the correlation table below for each course submitted. This page must be completed.

<b>Unit Title and Duration</b>	<b>Learning Outcomes</b>	<b>South Carolina Academic Standard</b> ( <a href="#">South Carolina Academic Standards</a> )	<b>Additional Notes (optional)</b>
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## REQUIRED SIGNATURES

I certify that this locally designed Diploma Pathways Course Sequence will be taught by a properly certified teacher, is aligned with the state-adopted academic standards, is consistent with the South Carolina Uniform Grading Policy, and was approved by the local board of trustees.\*

\_\_\_\_\_  
**Teacher Signature**

**Date**\_\_\_\_\_

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

\_\_\_\_\_  
**Teacher Signature, if applicable**

**Date**\_\_\_\_\_

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

\_\_\_\_\_  
**Principal/Director Signature (school where the course will be offered)**

**Date**\_\_\_\_\_

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

\_\_\_\_\_  
**District Superintendent or Designee Signature**

**Date**\_\_\_\_\_

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

\_\_\_\_\_  
**District Board of Trustees, Chairperson Signature**

**Date**\_\_\_\_\_

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

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