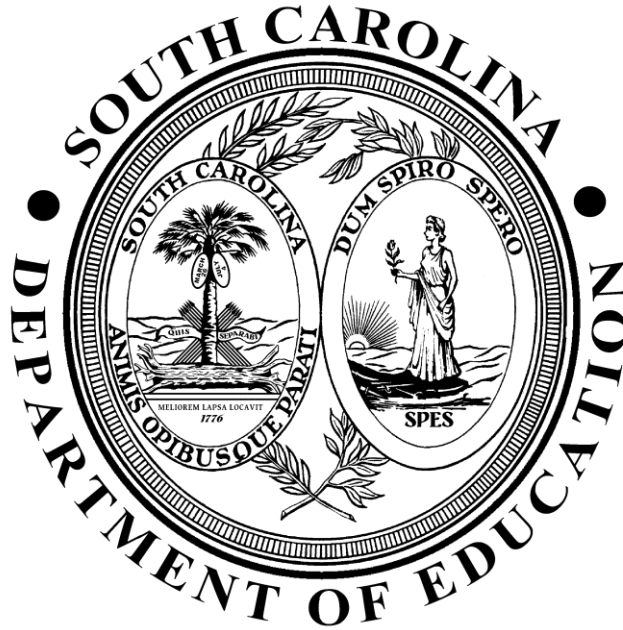


STATE OF SOUTH CAROLINA
DEPARTMENT OF EDUCATION

ELLEN E. WEAVER
STATE SUPERINTENDENT OF EDUCATION



Innovative Approaches: Diploma Pathways
Course Sequence Renewal Application

Division of College and Career Readiness

2023-24

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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. For questions or concerns, please send an email to 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.

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

RATIONALE FOR DIPLOMA PATHWAY COURSE RENEWAL

Reflection 1: Explain how the needs assessment conducted at the local level substantiated the need for the innovative course sequence.

- What student-driven needs for success in high school was this course sequence intended to address (student strengths/areas for growth)?
- What student-driven needs for post-secondary plans was this course sequence intended to address (2-year technical schools, 2-year certification programs, military, direct entry into the workforce, direct certifications earned within high school, return to 4-year college pathway)?

Reflection 2: Provide a description of the data that shows the impact the innovative course pathway sequence has had on the student needs identified in Reflection 1.

- Describe your method of evaluating the innovative course pathway sequence. (i.e.: tools, process)
- What data have you collected to show the impact of the innovative course pathway on the identified student needs?
- What information does the data reveal about the impact of the innovative pathway on the identified student needs?
- Does the data justify the continuation of the innovative pathway? Why or why not?

Reflection 3: Based on student needs identified in Reflection 1 and the data results detailed in Reflection 2, are any modifications needed for the innovative pathway to be more effective?

- What course(s) within the pathway need modification?
- What modifications are needed?
- Describe the expected impact of these modifications.

LOCALLY DESIGNED SUBJECT AREA COURSE FOR CORE CREDIT

*Include a separate chart for each course that is being submitted for renewal.

Name of Course:	
Current Course Code:	
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	

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.*