

Communication Checklist:

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

Date Submitted: 11/1/2021 **Teacher:** Rodney Scudder **Department/School** Social Studies
 _____ _____ _____
 GMHS

Course Information:

Course Title: Black and Latino Studies
Grade(s) and level (AP, honors, academic): _____
Number of credits: _____
Prerequisites: _____

Background/Course History:

The course has been required by the State of Connecticut beginning in the 2022-2023 school year.
 From the State Curriculum:
 In this one-year, integrated course, the history of Africa and the Diasporas are explored with intentional linkages to the accomplishments, struggles, and beauty of Black and Latino people in the U.S., Americas (North and South), the Caribbean, and around the world.

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

Meets the state requirement and our district's equity vision.

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

The State of Connecticut has a written curriculum which Granby teachers will make our own.

How will the content of this course be delivered?

Through activities, videos, readings, projects, and lectures students will learn Black and Latino in a focused and comprehensive way during a year long elective course. .

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

Summer 2022 Curriculum Writing for two teachers.

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??
		<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		
		<input type="checkbox"/> Yes		

		<input type="checkbox"/> No		
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Other:

FOR OFFICE USE ONLY:

Date BOE sub-committee reviewed: _____

Action:

Approved

Not Approved