Curriculum/Instruction Subcommittee

Tuesday, May 26, 2026 7:00 PM
Meeting Access: Curriculum Subcommittee (5/26/26 at 7:00 p.m.) Web: https://zoom.us/j/98717059945 Dial In: (929) 205-6099 Meeting ID: 987 1705 9945, 3 Brush Hill Road, New Fairfield, CT 06812

I. **CALL TO ORDER**

II. **APPROVAL OF THE MINUTES**

II.A. April 27, 2026 - Regular

III. **INFORMATION/ACTION ITEMS**

III.A. New Textbook Adoption

III.A.1. NFHS Medical Terminology ECE Textbook (Curriculum goal)
The Language of Medicine, 13th Edition

III.B. Summer Reading and Summer Math Preview

III.C. Summer Curriculum Project Proposal Process (Curriculum / Instruction goal)

III.D. NFPS Curriculum Design Handbook Update (Curriculum goal)

III.E. 250th Celebration Connections

IV. **OTHER**

V. **ADJOURNMENT**

BOARD OF EDUCATION, NEW FAIRFIELD, CT
Curriculum Subcommittee Meeting

Name of Subcommittee: Curriculum Meeting type: Regular
Date of Meeting: 4/27/26 Minutes submitted by: Kris Woleck
Members present: Kathy Baker, Greg Flanagan, Sue Huwer, Amy Johnson
Members absent:
Other attendees: Ken Craw, Kristine Woleck, James D'Amico, Karen Gruetzner, Allyson Story, Christine Haddad, Ed Sbordone
Meeting Access: Curriculum Subcommittee (4/27/26 at 7:00 p.m.)
Web: https://zoom.us/j/96879252389 Dial In: (929) 205-6099 Meeting ID: 968 7925 2389

Meeting called to order: at 7:01 p.m.

II. APPROVAL OF MINUTES

A. March 23, 2026 - Regular

Motion: To approve the minutes of March 23, 2026, as presented
Made by: Amy Johnson Seconded by: Greg Flanagan
Recording of vote: All in favor

III. INFORMATION / ACTION ITEMS

A. Global Leadership Summit Student International Trip Proposal - Assistant Superintendent Kristine Woleck and Media Specialist Christine Haddad shared a proposal for an international student trip to Budapest, Krakow, and Prague for July 2027. Organized through Education First (EF), the trip aligns with 9th and 10th-grade Social Studies and English curricula, featuring a visit to Auschwitz and an opportunity for students to participate in student leadership workshops with a keynote by Malala Yousafzai in Prague. The committee discussed the cost ($5400), mandatory insurance, cancellation policies, and student eligibility requirements. Questions were raised regarding the keynote speaker and whether male students would be interested in the trip.

Motion: To approve the trip for consideration by the full Board
Made by: Amy Johnson Seconded by: Greg Flanagan
Recording of vote: 3-1 Motion passes
In favor - 3 Amy Johnson, Greg Flanagan, Kathey Baker
Opposed - 1 Sue Huwer

B. 9-12 Assessment Practices Update (Curriculum / Instruction goals) - The subcommittee reviewed the philosophy and protocols surrounding assessment redos and retakes at the High School level. Principal James D'Amico reviewed the philosophy and expectations of assessment from the NFHS Staff Handbook. He explained that assessments are used as feedback tools within a vertically aligned system to ensure students master essential skills before moving forward. The Staff Handbook serves as the primary guide for these procedures, emphasizing that grading should reflect a student's ultimate growth and understanding rather than penalizing the learning process. He outlined the strategies that teachers utilize with regard to retakes and redos. There is typically additional work that the student must undertake to demonstrate that they have continued to work with the material and this is an opportunity that is time-bound and requires the effort of the student.

C. MTSS Overview (Curriculum / Instruction goals) - Kristine Woleck presented the MTSS framework, a state-mandated, three-tiered approach designed to provide targeted academic and behavioral support. Tier 1 focuses on high-quality core instruction for all students, Tier 2 provides targeted small-group interventions, and Tier 3 offers intensive individualized support. The process is iterative, with a team meeting regularly to review "rate of growth" and progress monitoring data to decide if interventions should be adjusted or if a student should be evaluated for a disability. The committee discussed summer resources for families and the importance of early identification to ensure no student "slips through the cracks."

IV. OTHER - The meeting concluded with a brief period for other business and future agenda items, during which no new topics were introduced. Amy Johnson thanked the curriculum team for their comprehensive updates and ongoing efforts to support student growth across the district

V. ADJOURNMENT

Motion to adjourn: Made by: Amy Johnson **Seconded by:** Greg Flanagan

Recording of vote: All in favor **Meeting adjourned at**: 8:09 p.m.

Medical Terminology Resource

Proposed Textbook Adoption

Board of Education Curriculum Subcommittee
New Fairfield Public Schools
May 26, 2026

Medical Terminology

Medical Terminology ECE Grade 11-12
1 Semester | 0.5 credit STEM | Science
Prerequisite: Human Anatomy and Physiology Wt 5
Physics may be taken concurrently. A 10th-Grade student may take this elective with a required science teacher recommendation.

Medical Terminology through Human Pathology ECE introduces the basic concepts, medical terminology and etiology of diseases and conditions that affect humans. Students will be able to earn ECE credit through the University of Connecticut upon successful completion of this course. Students will engage in an overview and history of human pathology immune response, pathology of major organ systems and common ailments There are no formal laboratory reports, rather students will conduct mini presentations throughout the course in preparation for the final exam and research project presentation at the end of the course where students will demonstrate mastery of the appropriate medical terminology used to describe various pathological issues.



Science - Medical Terminology

Medical Terminology (AH 2001) is a two-credit UConn Early College Experience course that teaches students to decode and construct medical terms by recognizing patterns in Greek and Latin word parts, developing analytical skills that unlock thousands of terms without memorization. Each unit is organized around an essential question and a career lens that illustrates how terminology is used in practice, providing context rather than job training. Medical terminology is the shared language of healthcare, and mastering it prepares students for any pathway they choose to pursue.



Unit 1: Cracking the Code of Medical Language

Medical terminology is built from a structured system of word parts that carries meaning across healthcare settings. Students analyze Greek and Latin origins, examine prefixes, roots, and suffixes, and explore alternative naming systems, such as eponyms and acronyms. By identifying recurring patterns, students begin to see how medical language encodes meaning and supports clear, global communication.

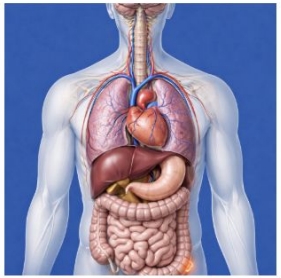
VIEW



Unit 2: Mapping the Human Body

Accurate healthcare communication depends on consistently and precisely describing the body. Using anatomical position as a reference point, students learn to describe body locations, directions, planes, and movements. Clinical contexts such as examinations, imaging, and therapy notes provide opportunities to practice using anatomical terminology without ambiguity.

VIEW



Unit 3: Naming What Goes Wrong

As symptoms emerge, they must be translated into standardized medical descriptions. Students work with disease-related terminology to describe pathological processes, conditions, and diagnoses. By examining how different medical specialties classify and communicate disease, students deepen their ability to interpret diagnostic language and understand its role in clinical decision-making.

VIEW



Unit 4: Reading the Medical Record

Healthcare information gains meaning through documentation. Students analyze the structure and terminology of medical records, including histories, examinations, progress notes, diagnostic reports, and laboratory results. Emphasis is placed on how standardized documentation enables accurate information transfer between providers and healthcare settings.

VIEW



Unit 5: Pharmacology and Treatment

Clinical care relies on precise language to describe interventions. Students examine how procedural and surgical terms are formed and how pharmacological vocabulary communicates drug classifications, administration routes, and treatment plans. The focus highlights how treatment terminology connects diagnosis to action and supports patient safety.

VIEW

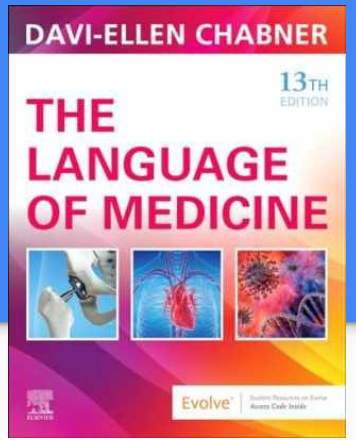


Unit 6: Body Systems Deep Dive

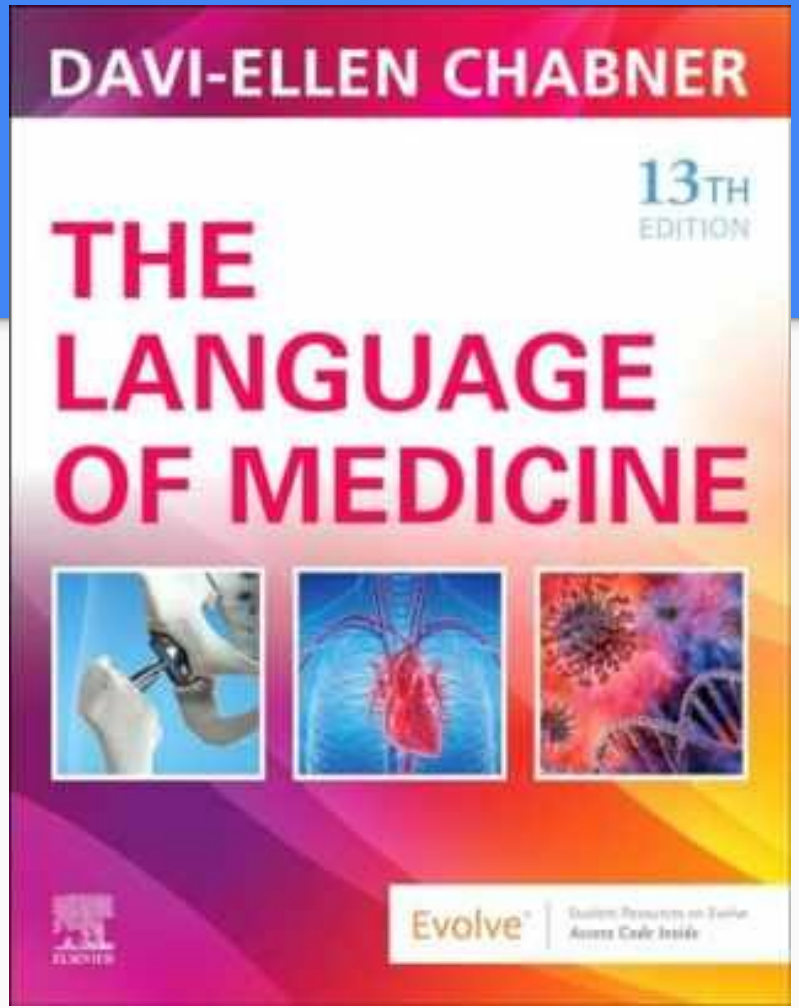
All prior learning comes together through focused study of individual body systems. Students apply terminology related to anatomy, pathology, diagnostics, documentation, and treatment to analyze how each system is described in healthcare. Through a culminating Body System Research Project, students demonstrate how medical terminology creates a complete and coherent understanding of human health and disease.

VIEW

Recommended Resource



- 2025 edition
- Recommended by UCONN Allied Health Department for ECE courses; standard text for this course at the college level
- Systematic, word-part-based approach (parts of speech and related body systems)
- Morphology (roots, prefixes, suffixes), vocabulary, medical terminology, practical applications and clinical cases, practice exercises, pronunciation guide



Notice that the combining vowel is retained between **gastr** and **enter,** even though the second root, **enter,** begins with a vowel. When a term contains two or more roots related to parts of the body, anatomic position often determines which root goes before the other. For example, the stomach receives food first, before the small intestine—so the word is formed as **gastroenterology,** not "enterogastrology."

In summary, remember **three general rules:**

1. **READ** the meaning of medical terms from the suffix back to the beginning of the term and across.
2. **DROP** the combining vowel (usually o) before a suffix beginning with a vowel: **gastritis,** *not* "gastroitis."
3. **KEEP** the combining vowel between two roots: **gastroenterology,** *not* "gastrenterology."

In addition to the root, suffix, and combining vowel, two other word parts are commonly found in medical terms. These are the **combining form** and the **prefix.** The combining form is simply the root plus the combining vowel. For example, you already are familiar with the following combining forms and their meanings:

HEMAT/O means **blood**

COMBINING FORM = root + combining vowel

GASTR/O means **stomach**

COMBINING FORM = root + combining vowel

CARDI/O means **heart**

COMBINING FORM = root + combining vowel

Combining forms are used with many different suffixes. Remembering the meaning of a combining form will help you understand unfamiliar medical terms.

The **prefix** is a small part attached to the *beginning* of a term. Not all medical terms contain prefixes, but the prefix can have an important influence on the meaning. Consider the following examples:

HYPO/GASTR/IC means **pertaining to below the stomach**

prefix	**root**	**suffix**
(below)	(stomach)	(pertaining to)

EPI/GASTR/IC means **pertaining to above the stomach**

prefix	**root**	**suffix**
(above)	(stomach)	(pertaining to)

PREFIXES

PREFIX	MEANING	TERMINOLOGY	MEANING
a-, an-	no, not, without	anemia	*Anemia is a decreased number of erythrocytes or an abnormality of the hemoglobin (a chemical) within the red blood cells. This results in decreased delivery of oxygen to cells of the body. Anemic patients look so pale that early physicians thought they were literally "without blood."*
aut-, auto-	self, own	autopsy	*This term literally means "process of viewing by oneself." Hence, an autopsy is the examination of a dead body with one's own eyes to determine the cause of death and nature of disease.*
dia-	complete, through	diagnosis	*The plural of diagnosis is diagnoses.*
endo-	within	endocrinologist	
epi-	above, upon	epigastric	
		epidermis	*This outermost layer of skin lies above the middle layer of skin, known as the dermis.*
ex-, exo-	out, outside of, outward	excision	
		exocrine glands	
hyper-	excessive, above, more than normal	hyperthyroidism	*The suffix -ism means process or condition.*
hypo-	deficient, below, under, less than normal	hypogastric	*When hypo- is used with a part of the body, it means below.*
		hypoglycemia	*In this term, hypo- means deficient.*
in-	into, in	incision	
peri-	surrounding, around	pericardium	*The suffix -um means a structure. The pericardium is the membrane that surrounds the heart.*

Plurals

Terms ending in **-is** (diagnosis, prognosis) form their plural by dropping the **-is** and adding **-es.** See Appendix I, page 989, for other rules on formation of plurals.

Understanding Hyperthyroidism

In **hyperthyroidism,** a **hyperactive thyroid gland** (an endocrine gland in the neck) secretes a greater than normal amount of **thyroxine** (thyroid hormone, or **T4**). Because thyroxine causes cells to burn fuel and release energy, signs and symptoms of hyperthyroidism are **increased energy level** and **nervousness, tachycardia** (increased heart rate), **weight loss,** and **exophthalmos** (bulging eyeballs).

PRONUNCIATION OF TERMS

The terms you have learned in this chapter are presented here with their pronunciations. The CAPITAL letters indicate the accented syllable.

The meanings for all the terms are in the **Mini-Dictionary** beginning on page 967. You can also hear each term pronounced on the Evolve website (http://evolve.elsevier.com/Chabner/language/).

TERM	PRONUNCIATION	TERM	PRONUNCIATION
abdomen	AB-do-men	epinephrine	ep-ih-NEF-rin
abdominal cavity	ab-DOM-ih-nal KAV-ih-te	epithelial cells	ep-ih-THE-le-al sels
adipose	AH-dih-pohs	frontal plane	FRUN-tal playn
anabolism	ah-NAB-o-liz-im	genes	jeenz
anterior	an-TE-re-or	histology	his-TOL-o-je
cartilage	KAR-tih-lij	hypochondriac regions	hi-po-KON-dre-ak RE-jens
catabolism	kah-TAB-o-liz-im	hypogastric region	hi-po-GAS-trik RE-jen
cell membrane	sel MEM-brayn	iliac	IL-e-ak
cephalic	seh-FAL-ik	inferior	in-FE-re-or
cervical	SER-vih-kul	inguinal regions	IN-gwih-nal RE-jens
chondroma	kon-DRO-mah	intervertebral	in-ter-ver-TE-bral
chondrosarcoma	kon-dro-sar-KO-mah	intravenous	in-trah-VE-nus
chromosome	KRO-mo-sohm	karyotype	KAIR-e-o-type
coccygeal	kok-sih-JE-al	laryngitis	lah-rin-JI-tis
coccyx	KOK-siks	larynx	LAH-rinks
cranial cavity	KRA-ne-al KAV-ih-te	lateral	LAT-er-al
craniotomy	kra-ne-OT-o-me	lumbar regions	LUM-bar RE-jens
cytoplasm	SI-to-plaz-im	lumbar spine	LUM-bar spine
deep	deep	lumbosacral	lum-bo-SA-kral
diaphragm	DI-ah-fram	medial	ME-de-al
disc	disk	mediastinum	me-de-ah-STI-num
distal	DIS-tal	metabolism	meh-TAB-o-lism
dorsal	DOR-sal	mitochondria	mi-to-KON-dre-ah
endoplasmic reticulum	en-do-PLAZ-mik reh-TIK-u-lum	nucleic	nu-CLA-ik
		nucleus	NU-cle-us
epigastric region	ep-ih-GAS-trik RE-jen	pelvic cavity	PEL-vik KAV-ih-te

PRACTICAL APPLICATIONS

Be sure to check your answers with the Answers to Practical Applications on page 64.

X-RAY VIEWS

Circle the correct answers in the following sentences related to each x-ray view of the chest.

FIGURE A



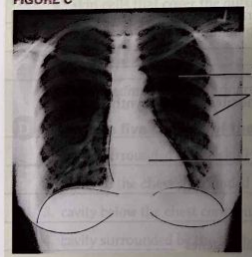
1. This is a/an **(coronal, sagittal, axial)** view. The heart lies **(anterior, posterior, dorsal)** to the vertebrae.

FIGURE B



2. This is a/an **(coronal, sagittal, axial)** view. It is a/an **(CT, traditional x-ray)** image.

FIGURE C



3. This is a/an **(coronal, sagittal, axial)** view. It is a/an **(lateral, transverse, anterior/posterior)** image.

(A, from Weir J et al: *An Imaging Atlas of Human Anatomy*, ed 4, Philadelphia, 2011, Elsevier/Mosby. C, from Black J, Hawks J: *Medical-Surgical Nursing*, ed 8, Philadelphia, 2009, Elsevier/Saunders.)

IN PERSON: KIDNEY TRANSPLANT

This first-person narrative was written by a kidney donor.



When my 64-year-old father-in-law announced to my wife and me that his kidney function was failing, it didn't really enter our minds that one of us might ultimately have a part to play in his survival. Five years later, dialysis was taking its toll on his organ systems, and there had been no success in obtaining a cadaveric kidney. Things had reached the point where he needed a kidney in short order, before his health deteriorated to the point where he would no longer be a candidate for transplantation.

My wife's blood type ruled out the possibility of her being a direct donor, so I volunteered to be tested. Turns out that her father and I were a match on 5 of the 7 key traits—a really good fit! The next round of testing—blood work and my kidney function—was able to be done locally. I remember carrying around a specimen container (on ice), having to provide a full liter of urine in 24 hours!

The results of those tests were favorable, and two weeks later I made the 3½-hour drive to the transplant center at the University of Virginia in Charlottesville. While a transplant is really a team of two—donor and recipient—the entire process at UVA was very much individualized. A transplant coordinator (an experienced RN) was assigned specifically to our case, and I had a team of doctors and support staff dedicated exclusively to me, the donor. Similarly, there was a team that dealt only with my father-in-law as the recipient.

My visit involved some more in-depth blood tests and cardiac studies largely to determine that I was healthy enough for major surgery. My transplant team and I spent an entire afternoon discussing the implications of being a donor—the inherent risk in any surgery, potential implications for me and my family, the likely recovery time, and the possibility that, despite all of the up-front testing, the transplant might not be successful. The discussions that afternoon only reaffirmed that I was making the right decision. I had an opportunity to have a positive impact on someone else's life, with relatively little risk to my own health.

The events around the surgery itself were pretty straightforward. The surgery is a more involved procedure for the donor than for the recipient, so I was taken back first. A nurse started an IV and injected a mild sedative. From that point, my only memory is of one last hug for my wife and children, and then being shifted from the stretcher onto the operating table.

When I woke up in recovery, the news was all good. My surgery had gone well—four laparoscopic incisions through which the surgeons did most all of their work, and a lateral incision in my lower abdomen through which the kidney was removed. Equally important, my father-in-law had come through his surgery well and the kidney had immediately begun to function! I was discharged from the hospital on Sunday, and cleared to return home the next Friday, 8 days post-op.

As is typical following a major surgery, it took about 6 weeks for me to feel "normal" again. During those 6 weeks, I had weekly blood tests to chart the progress of my kidney function. I went back to UVA for a routine follow-up visit at the 6-week mark. I was recovering as expected, and my remaining kidney was actually growing in size and capacity. Blood tests continued on a monthly basis until I was officially "discharged" from the transplant center's care 6 months after the surgery.

John Melson is pictured with his father-in-law, Rod Beckwith.

Next Steps:

- BOE Curriculum Subcommittee questions and discussion
- Request for approval to move to full BOE, June 4, 2026
- Sample copy available at NFHS for review

New Fairfield Public Schools
Textbook Adoption Form

"Textbooks are defined as that resource which provides 50% or more of the information upon which the program of instruction is based." (policy 6161)

Date of Recommendation: April 1, 2026
Staff Members Making the Recommendation: Jean Gephart and Aileen Kraus

Course: Medical Terminology
Grade(s): 10-12

Title: *The Language of Medicine, 13th Edition*
Author(s): Davi-Ellen Chabner, BA MAT
Publisher: Elsevier
Publication Date: 2025
Reading Level:

Price per book and the number needed:

24 copies for a full class set. The price per book is $117.99.

Support for the Recommended Textbook:

Content

1. Describe how the selected textbook is aligned with the course curriculum and content standards.

The University of Connecticut hosted an instructor workshop on March 16th for all Allied Health instructors in Connecticut. During this time, the head of the Allied Health department referenced this text as the preferred format, as it is the standard for this course at the college level.

2. Describe the accuracy and timeliness of the selected textbook.

This textbook is the most recent version of this content and is reviewed by several medical reviewers, instructors, and students. These reviewers are experts in medicine, public health, and allied health fields. Collectively, these individuals can assess the relevance of this content and produce the most current version of this text.

3. Describe how the textbook handles varying perspectives and points of view and demonstrates an unbiased approach to the content.

This text is written in a nontechnical language and presents the content in a straightforward manner. It also includes case studies that highlight a variety of individuals in each chapter. These details demonstrate to students that medical terminology is applicable to all individuals.

Instructional Match

4. Describe how the selected textbook supports our Vision of the Graduate and model of high-quality instruction.

This text supports the NFPS Vision of the Learner by engaging students as knowledgeable scholars, critical thinkers, and self-reliant individuals. The systematic, word-part-based approach requires students to draw on prior knowledge from Anatomy & Physiology and apply it to new terminology in clinical contexts. Rather than relying on rote memorization, students are asked to analyze and apply medical language through case studies, clinical vignettes, and the Principal Diagnosis feature, which challenges them to read authentic physician notes and determine a patient's diagnosis. As a UConn ECE course, this text also supports students in developing the academic independence and perseverance needed to succeed at the post-secondary level.

5. Describe elements of the textbook

This text is broken down by parts of speech and is followed by a detailed analysis of each body system. Within each chapter, there are sections for vocabulary, terminology, practical applications, practice exercises, study sessions, pronunciation of terms, and a mini dictionary.

Accessibility

6. Describe the text features and supplemental materials that provide enhanced accessibility.

The text/workbook format integrates exercises, diagram labeling, and pronunciation guides throughout each chapter, allowing students to engage with content through reading, writing, and visual processing. Full-color images illustrate anatomical and pathological terms, and a Spotlight feature clarifies potentially confusing terminology. Vocabulary is introduced systematically through word roots, prefixes, and suffixes, giving students a transferable decoding strategy rather than relying on rote memorization.

The text provides a variety of instructional approaches to ensure that each student can access different types of

7. What is the readability level of the textbook?

College-level (post-secondary); approximately Grade 12–13 equivalent. The text is intentionally written in accessible, easy-to-understand language for learners, with technical vocabulary introduced systematically through word roots, prefixes, and suffixes. Students in this ECE course will have completed a full semester of Anatomy & Physiology as a prerequisite, providing the content scaffolding necessary to access the text successfully at the high school level.

8. Describe how the textbook reflects diversity and inclusion regarding culture, gender, ethnicity, national origin, age, disability, sexual orientation, education, and religion.

This text is content-driven rather than evaluative, focusing on building medical vocabulary through body systems and word structure. The clinical case studies and vignettes present patients in real-world healthcare contexts without promoting any particular perspective or point of view.

9. Describe the supplementary materials that accompany the textbook and explain how they support student learning. Describe any errors or glitches that were encountered.

At this point, we are looking to purchase just the textbook. There is a Medical Language Instant Translator book that is ancillary as a resource, but is something we are examining for use as support for the main textbook.

Other Textbooks Reviewed: (if less than 2 others, explain)

In previous years, some UConn ECE instructors used a text titled, "Medical Terminology: An Illustrated Guide" by Barbara Cohen. This text does contain similar content (body systems), but the clinical cases are shorter. These case studies are hypothetical, unlike the Chabner text. The Chabner book has both clinical case questions and personal accounts from individuals who were treated for specific body system conditions. The Chabner text is best aligned with the allied health courses sequence offered at New Fairfield High School.

1. Medical Terminology: An Illustrated Guide by Barbara Cohen

Aileen Kraus — **Teachers** — 5/15/2026 — **Date**

Jean Grant — **Department Chair (if applicable)** — 5/15/2026 — **Date**

Principal — 5/15/26 — **Date**

Kristine R. Wolek — **Director of Curriculum or Assistant Superintendent** — 5/19/26 — **Date**

Summer Reading in New Fairfield

Board of Education Curriculum Subcommittee
New Fairfield Public Schools
May 26, 2026



Building a Culture of Reading



The New Fairfield Public Schools is committed to building a **culture of reading** that:

- Fosters **authentic, shared reading experiences** for all ages
- Promotes reading **across a wide variety of interests** as a **vehicle for learning and discourse**
- Partners **across students, staff, and families** to build a community of readers.

Summer Reading is one vehicle that we leverage each year with these guiding principles in mind.

Our School Libraries



<u>In collaboration with staff</u>,

- **Book boards / Reading menus** curated on school / district webpages to focus reading selection
- **Teacher Recommendations / “Book Picks”** to connect students to books
- Partnering with **New Fairfield Public Library Summer Reading Program**

Summer Reading 2026

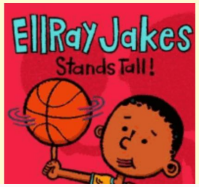
New Fairfield Elementary School

FIND YOUR NEXT FAVORITE BOOK

These lists are just recommendations. Not every book is for every person. If it is not your thing, keep looking!

2-3

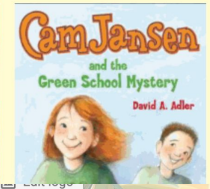
Realistic Fiction



Fantasy



Mystery



NFMS Summer Reading 2026

New Fairfield Middle School

NFMS Staff Recommendations

Mr. Pardalis- 6th Grade ELA



Not Nothing by Gayle Forman

It would be best for grades:
6th-8th

Mr. Pardalis says: I love this book because it is about simple people realizing that they can do

Mr. Pardalis- 6th Grade ELA



The Remarkable Journey of Coyote Sunrise by Dan Gemeinhart

It would be best for grades:
6th-8th

Mr. Pardalis says: Coyote is

Ms. Pierzchala- 6th Grade ELA

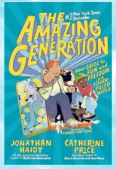


Starfish by Lisa Fipps

It would be best for grades:
6th-8th

Ms. Pierzchala says: It is a novel in verse. As I was reading it, I really felt what the

Ms. Pierzchala- 6th Grade ELA



The Amazing Generation by Jonathan Haidt & Catherine Price

It would be best for grades:
6th-8th

Ms. Pierzchala says: It is a

Home

New Fairfield High School

- Find Your Next Book
- Teacher Recommendations
- Student Favorites

READ. RELAX. REPEAT

Summer Reading



- **NFES:** Grade-level themes, text sets for knowledge building, America 250 celebration connections *(Grade-level challenges)*

- **NFMS:** Text selections for students by theme; fall book talks (by theme) focused on text connections, oral language as pre-writing, vocabulary, and analytical thinking about text

- **NFHS:** Grade-level / course reading selections (short text sets, novels) for all English classes to be linked to analytical skills and synthesis writing *(in-class assignment grade in the fall)*

Summer Math



- **K-5:** Computational and fact fluency focus *(home resources provided)*
- **6-12:** Concepts and skills through Khan Academy modules *(Google classroom)* and hardcopy resources *(school main office)*

Summer Curriculum Proposals

Board of Education Curriculum Subcommittee
New Fairfield Public Schools
May 26, 2026

NFPS SUMMER CURRICULUM WORK PROPOSAL

Completed proposals are due no later than May 15th for summer curriculum work. Project proposals may be submitted by administrators, CILs, program leaders, or curriculum link leaders, with review by the building principal(s) prior to submission. Projects must be approved by the Assistant Superintendent of Curriculum and Instruction before work commences on the project.

Please assign curriculum work project titles that are easily understood (descriptive of the work) and include the subject area / program and grade or level (ie. Science Physics Assessment Design; Math Grade 6 Curriculum Mapping, etc.). **All electronic documents related to the project should be named using the project title**.

Date of Curriculum Work Proposal Submission:

Program / Department / Grade(s):

Project Leader (Administrator, CIL, Program Leader):

Project Title:

Total number of work days requested (number of staff X number of days each):

Strategic Plan Alignment - Please check all that apply
___ Curriculum Goal
___ Instruction Goal
___ Wellness Goal
___ Other (Describe) :_____

Curriculum Work Narrative

1. Describe the goals of the curriculum work to be undertaken. How does this address a component of the district' strategic plan?

2. What approach or process will be used to undertake the curriculum work? (Attach curriculum work agendas / outline / plans for the curriculum days.)

3. Define the end product … that is, what will be produced as a result of the curriculum work?

4. What tool or process will you use to ensure quality standards are met for this curriculum work?

5. Staff involved and anticipated curriculum work schedule (add lines if needed.)

Staff	Anticipated Work Dates	Total # of Days
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment for summer curriculum work is at the contractual hourly rate. (Full days = 5 work hours, exclusive of lunch; curriculum work should be undertaken in no less than half day increments.) Please advise any staff who will be working during the summer that taxes and social security will be deducted from those checks.

*Summer curriculum work must be completed **at a district location** (school building or Central office); Zoom or home curriculum work is not permitted. Project leaders are to contact the building secretary or administrative assistant for the Assistant Superintendent to reserve work space as soon as possible after approval of curriculum work to ensure no conflicts with summer building use.*

6. Anticipated date of project completion: _____

Project leaders submit a written summary of the project (Project Summary Form) to the Assistant Superintendent of Curriculum and Instruction within one week of project completion.

For Central Office Use Date _____

_____Approved for _____ **Total Days** (# of staff x # of days ea.) **or** _____ **Total Hours** (5 hr/day)

_____ Deferred

Comments: _____

NFPS Curriculum Project Summary

Please save / title this Project Summary to include the name of the project as was noted on the approval letter. Submit to the Assistant Superintendent of Curriculum and Instruction along with all related curriculum work documents / files and the Curriculum Work Log for the project no later than one week from the project's completion.

Date of Curriculum Project Summary Submission:

Program / Department / Grade(s):

Project Leader (Administrator, CIL, Program Leader):

Project Title:

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___ Other (Describe) :_____

Contributing Staff (list name and school)**:**

Total number of curriculum work days (number of staff x number of days):

Purpose: ***(How does the project align with the district strategic plan and serve to enhance student learning?)***

Description of Curriculum Work and End Products:

Implementation Plan: ***How will the curriculum work be shared with staff and implemented in classrooms during the upcoming school year?***

Assessment of Impact: ***How will the impact of this product/project on student learning be assessed (what tools will be used; what data will be collected; when and how will that data be analyzed and shared)?***