

2015-16 SHORT FORM—RENEWAL APPLICATION FOR APPROVAL OF SPECIAL COURSES
 (APPROVED 2014-2015 SPECIAL COURSE APPLICATION MUST BE ON FILE WITH TDOE)

General Education **Career and Technical Education** **Special Populations**

Special Course Name: Jobs For TN Grads

Date Submitted: February 5, 2015

SCHOOL SYSTEM INFORMATION

School System: Oneida Special School District	State System Number: 761
System Contact: Dr. Jeanny Hatfield	Email: jhatfield@oneidaschools.org
Title: CTE Director	Phone: (423)569-8912
Total units of credit required by your system for graduation: 28	

SPECIAL COURSE INFORMATION

Initial Approval Date: October 20, 2014	Year of Renewal Request: Second <input checked="" type="checkbox"/> Third <input type="checkbox"/>
Number of Credits that will be Awarded: 1	Anticipated Course Enrollment: 30-35 Students
Total Number of Instructional Hours: 135	Grade Level(s) Eligible to Enroll: 12th
Course Content Area:	
<input type="checkbox"/> English Language Arts (HQ) <input type="checkbox"/> Fine Arts (HQ) <input checked="" type="checkbox"/> Career and Technical Education <input type="checkbox"/> Math (HQ) <input type="checkbox"/> World Language (HQ) Specify career cluster: <u>All</u> <input type="checkbox"/> Science (HQ) <input type="checkbox"/> Wellness & P.E. <input type="checkbox"/> Other (HQ, if applicable) <input type="checkbox"/> Social Studies (HQ) <input type="checkbox"/> Special Populations Specify subject(s) included: _____	
School(s) Offering Special Course: Oneida High School	



SPECIAL COURSE RENEWAL QUESTIONS

1. Are there any substantial changes to the course standards or instructional delivery since the original special course application submission? No

2. Additional comments related to this special course: No

SYSTEM VERIFICATION

Date of Approval by Local Board of Education _____ (Must be approved annually)

The information on this application is complete and accurate. Assigning the proposed instructor to this special course will not preclude having all State Board approved courses taught by appropriately endorsed teachers.

Director of Schools' Signature _____

Chairperson of the Local School Board's Signature _____

State Verification - This section is to be completed by the State upon receipt of application.

1. Receipt Date of Application: _____ 2. Signature of Department personnel: _____

3. Verification of Approved 2014-15 Application on file: _____

