Innovative Approaches: Diploma Pathways
Course Sequence Application
2019–20

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SOUTH CAROLINA DEPARTMENT OF EDUCATION

LOCALLY DESIGNED DIPLOMA PATHWAYS COURSE SEQUENCE APPLICATION

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 Dr. Anne Pressley at apressley@ed.sc.gov. Call her at (803) 734-6268 for questions or concerns. 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.

___________________________________________________
DISTRICT

___________________________________________________
DATE SUBMITTED

___________________________________________________
NAME OF APPLICATION PREPARER/SUBMITTER

___________________________________________________
AREA CODE/PHONE NUMBER

___________________________________________________
POSITION

___________________________________________________
E-MAIL ADDRESS
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. SCReady 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?
USE THE GRID BELOW TO SHOW HOW COURSES WILL BE PROVIDED TO SUPPORT STUDENTS AS THEY PROGRESS THROUGH THEIR PROSPECTIVE LEARNING PATHWAYS.

**CONTENT AREA COURSE PATHWAYS**

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SUBMIT A SEPARATE APPLICATION FOR EACH LOCALLY DESIGNED COURSE THAT IS BEING SUBMITTED FOR APPROVAL.

**LOCALLY DESIGNED SUBJECT AREA COURSE FOR CORE CREDIT**

<table>
<thead>
<tr>
<th>Name of Course:</th>
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<tbody>
<tr>
<td>Subject Area(s):</td>
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<tr>
<td>Length of Course:</td>
<td>□ Semester □ Year</td>
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<td>Grade Level(s):</td>
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<td>Course Beginning Date:</td>
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<td>Course Ending Date:</td>
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<td>Course Credit to be Awarded:</td>
<td>□ one unit □ one-half unit</td>
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<tr>
<td>School(s) Where Pathways will be Implemented</td>
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**CERTIFICATION REQUIREMENTS FOR THE LOCALLY DESIGNED COURSES***

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

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

______________________________________________________________________________
______________________________________________________________________________

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.

**Course Title:**

<table>
<thead>
<tr>
<th>Unit Title and Duration</th>
<th>Learning Outcomes</th>
<th>South Carolina Academic Standard</th>
<th>Additional Notes (optional)</th>
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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 UGP, and was approved by the local board of trustees.*

___________________________________________________  __________________________
Teacher Signature                                      Date

___________________________________________________  __________________________
Print Name  

___________________________________________________  __________________________
Teacher Signature                                      Date

___________________________________________________  __________________________
Print Name  

___________________________________________________  __________________________
Teacher Signature                                      Date

___________________________________________________  __________________________
Print Name  

___________________________________________________  __________________________
Principal/Director of School where the course will be offered  Date

___________________________________________________  __________________________
Print Name  

___________________________________________________  __________________________
District Superintendent or Designee  Date

___________________________________________________  __________________________
Print Name  

___________________________________________________  __________________________
District Board of Trustees Chairperson  Date

___________________________________________________  __________________________
Print Name