

Select your area by placing an X in the appropriate box.					Other		
<b>Science:</b>		<b>Biology</b>		<b>Chemistry</b>		<b>IPS</b>	
<b>Math</b>		<b>Alg I, Alg II, Geo</b>		<b>Alg II</b>		<b>Geo</b>	
<b>English:</b>		<b>Eng I</b>		<b>Eng II</b>		<b>Creative Writing</b>	
<b>Social Studies:</b>		<b>Anc Civ</b>		<b>Wld Geog</b>		<b>Am Hist to 1945</b>	
		<b>US Hist 1945-Present</b>		<b>Psychology</b>		<b>Mod Euro</b>	
<b>W. Lang:</b>		<b>Spanish I</b>		<b>Spanish II</b>		<b>Chinese I</b>	
<b>Electives:</b>		<b>PE</b>		<b>Health</b>		<b>Art Appreciation/History</b>	
		<b>Music Appreciation</b>		<b>Intro to Bus</b>		<b>Marketing</b>	



*Learn today. Lead tomorrow.*

**eDCSD Course Development Contract**

*The eDCSD mission is to effectively utilize web 2.0 tools and methodologies to help students acquire 21<sup>st</sup> Century skills and a strong educational foundation in order to be responsible citizens who contribute to our society, and lead meaningful and productive lives.*

Please initial each of the expectations and sign your name at the bottom of the page.

I agree to the following eDCSD Online Education course development expectations:

**GOAL: To adapt Douglas County courses and curriculum to fulfill the expectations of an online course using the authoring tool and template provided.**

\_\_\_\_ I will attend one day of staff development. Substitutes will be provided.

\_\_\_\_ I will utilize all resources provided to me including 101 Resources and Tools.

\_\_\_\_ I agree to meet all review dates and deadlines

**GOAL: Agree to professional growth through study and reflection--**

\_\_\_\_ I agree to attend a one-hour a month eDCSD meeting. We'll meet one Wednesday of the month Dec 07 - May 08. Excused absences include parent-teacher conferences.

\_\_\_\_ I will take at least one technology course or participate in an online conference or seminar.

**GOAL: Focus on highest student achievement in my work --**

\_\_\_\_ I will develop the course in alignment with DCSD Curriculum, Instruction and Assessment

\_\_\_\_ I agree to make necessary changes recommended by the Course Review Board

\_\_\_\_ I will remain mindful of and employ Web 2.0 tools and methodologies

**GOAL: Develop expertise to encourage growth in peers--**

\_\_\_\_ As I create lessons for the online course, I agree to place them in a public repository accessible by all DCSD certified employees

**COMPENSATION:**

\_\_\_\_ After completing the development of an eDCSD course and meeting all criteria, I understand I will be compensated at the following rate: Stipend of \$3000.00 for a .5 credit course and \$5,000.00 for a 1.0 course paid upon completion

\_\_\_\_ I acknowledge and recognize that this course and all that pertains to it is the intellectual property of Douglas County School District.

\_\_\_\_\_  
Name of eDCSD Course Developer (Printed)

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Name of eDCSD Course Developer (Signature)

\_\_\_\_\_  
Date

***I recommend the above individual as an eDCSD course developer and acknowledge they are NCLB qualified in the area they have selected.***

\_\_\_\_\_  
Name of Principal, school (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Principal (Signature)

\_\_\_\_\_  
Date