RCSD Elective/Course Review Form

Teachers: Please use this form to provide information so HR can determine which credential pathway may be needed to approve your elective course you will be teaching. Please complete ONE FORM for EACH elective or course you will teach.

The respondent's email (**jle@rcsdk8.net**) was recorded on submission of this form.

Teacher Full Name *

Jacqueline Le

Credentials I hold (please be specific eg, Multiple Subject, Single Subject Math, added/ supplemental authorization etc) *

Multiple Subject Credential

School Site *

- ○ Adelante/Selby
- ○ Clifford
- ○ Cloud
- ○ Garfield
- ○ Hoover
- ◉ Kennedy
- ○ MIT
- ○ NSA
- ○ Orion
- ○ Roosevelt
- ○ Taft

Grade Level *

6th Grade

Elective Course title *

NA

We have different models of elective delivery in RCSD. I will be teaching this course in: *

- [ ] Trimester 1
- [ ] Trimester 2
- [ ] Trimester 3
- [ ] The entire school year
- [x] Aug-Dec
- [x] Jan-June

Outcomes/Goals for students. What project or end product will be produced? *

Teaching 6th grade/accelerated math only

Describe the standards/topics/activities that will be taught. *

6th grade math/accelerated math

What background do you have to teach this course? Does the standards fall within your credential? Are these topics a hobby? Please explain. *

I have taught middle school math/accelerated math for over a decade at RCSD

The CTC requires the District to prove you are qualified to teach this course. Please explain how you qualified to teach this course. *

I hold a multiple subject credential at Santa Clara University with enough units in math for the current Ed Code. I have taught 6th and 7th grade math/accelerated math at Kennedy from 2019 - present. Prior to this, I have taught math and science at Roosevelt. Altogether, I have taught math for over a decade in RCSD. I have attended all math related PD provided by the district and ran an afterschool math club at Roosevelt and Kennedy.

I agree I would like the Local Committee on Assignments to review this course information and recommend an approval to the School Board so students may take this course. Please type your name as your signature. *

Jacqueline Le

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MM DD YYYY

06 / 18 / 2026