# 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 (**jmauldin@rcsdk8.net**) was recorded on submission of this form.

Teacher Full Name *

Jake Mauldin

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

Multiple Subject, ELL Authorization

School Site *

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

Grade Level *

6

Elective Course title *

Mathematics

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

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

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

Completion of the approved curriculum for the district. Illustrative Mathematics.

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

All 6th grade standards in mathematics.

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 6th grade mathematics for the last 3 years in the district with success. I have completed induction and worked closely with our district TOSA to improve upon my professional abilities.

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

I am qualified because I have already taught the approved curriculum for one year and have made efforts to collaborate with other teachers in the district teaching similar grade levels and content. I have engaged in PLC work surrounding the course and had various trainings centered around implementation of the content.

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. *

Jake Mauldin

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MM DD YYYY

07 / 24 / 2026

This form was created inside of Redwood City School District.

Google Forms