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, English Learner Authorization

School Site *

- ( ) Adelante/Selby
- ( ) Clifford
- ( ) Cloud
- ( ) Garfield
- (•) Hoover
- ( ) Kennedy
- ( ) MIT
- ( ) NSA
- ( ) Orion
- ( ) Roosevelt
- ( ) Taft

Grade Level *

6

Elective Course title *

TIG

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? *

Students engage in targeted instruction to support their growth in reading and math.

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

We will follow the Do The Math Curriculum based on the needs of each students to engage in daily lessons and activities that will supplement their Math instruction and fill in prior gaps in content.

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 engaged in the trainings and have a multiple subject credential. The content, which ranges various grade levels, is familiar to me.

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 experience in various grade levels and am familiar with the cognitive needs of our students to meet grade level standards in core classes.

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 / 16 / 2026

This form was created inside of Redwood City School District.

Google Forms