

Kids' College Instructor Form

Please fill out a separate form for each class being proposed. See additional Proposal Memo for more information. For help contact Continuing Education & Community Events at (208) 792-2447 or kidscollege@lcwarriormail.com

Course Information

Semester: Summer **Year:** 2008 2009 2010

Class Title: _____ (Example: Beginning Basket Weaving)

Location: LCSC Campus Other: _____ (Example: Lewiston High School)

Please choose desired session and class time from the following chart:

| Session (Mon – Thurs) | Morning | | Afternoon | |
|--------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | 9:00am–10:20am | 10:30am-11:50am | 1:00pm-2:20pm |
| Session I (Mon-Thurs) June 23 -26 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Session II (Mon-Thurs) July 14 - 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Session III (Mon-Thurs) July 28 - 31 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Session IV (Mon-Thurs) August 4 - 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Half Day Camp | | |
|--------------------------------------------|--------------------------------------------|-------------------------------------------|
| Session I (Mon-Thurs) June 23 -26 | 8:00am–12:00pm <input type="checkbox"/> | 1:00pm-5:00pm <input type="checkbox"/> |
| Session II (Mon-Thurs) July 14 - 17 | 8:00am–12:00pm <input type="checkbox"/> | 1:00pm-5:00pm <input type="checkbox"/> |
| Session III (Mon-Thurs) July 28 - 31 | 8:00am–12:00pm <input type="checkbox"/> | 1:00pm-5:00pm <input type="checkbox"/> |
| Session IV (Mon-Thurs) August 4 - 7 | 8:00am–12:00pm <input type="checkbox"/> | 1:00pm-5:00pm <input type="checkbox"/> |

Please select grades (ages) allowed to register for this class:

| | | | | |
|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------|
| Entering 2nd grade (7 - 8 yrs.) <input type="checkbox"/> | Entering 3rd grade (8 - 9 yrs.) <input type="checkbox"/> | Entering 4th grade (9 -10 yrs.) <input type="checkbox"/> | Entering 5th grade (10 - 11 yrs.) <input type="checkbox"/> | Entering 6th grade (11 -12 yrs.) <input type="checkbox"/> |
|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------|

I would like to be assigned a student volunteer/teacher's aide: **Yes** **No**

Course Fees:

| | | |
|--------------|------------------|---------------------------------------------|
| Misc. Fee \$ | Please Describe: | (Example: Supplies, Equipment Rental, etc.) |
|--------------|------------------|---------------------------------------------|

Are there any special skills or a level of experience suggested/required for this class?

Kids' College Catalog Course Description **Use Previous** (if within the last year)
(We reserve the right to edit.)

I confirm that **I am not teaching** this class for another organization in the Lewis-Clark Valley (I.E., YWCA, Parks and Recreation, etc.) this semester.

Instructor Profile

Instructor's Name:

Address:

City:

State: Zip Code:

May we give your phone/email to parents of prospective students? Yes No

Email:

Phone: Secondary Phone:

Instructor Biography for Catalog and References

Instructor Bio **Use Previous** (if within the last year)
Please describe your qualifications the way you want it to appear in our publications. (We reserve the right to edit.)

Professional References **Use Previous** (If within the last year)

Please list three contacts who can speak of your ability in the subject area you want to teach.

| | |
|-----------------------------------|--|
| Name: | |
| Phone: () - | |
| Position: | |
| Organization: | |
| | |
| Name: | |
| Phone: () - | |
| Position: | |
| Organization: | |
| | |
| Name: | |
| Phone: () - | |
| Position: | |
| Organization: | |

Course Supplies and FacilitiesPlease note below items required and approximate cost **per student**. Use text boxes to describe as necessary.
Be sure to specify if you do not need the equipment. (Additional Fees are based on this information.)

If you have questions, please contact the Continuing Education Office, 792-2447 or kidscollege@lcwarriormail.com

Room Requirements**Lab/Computer Needs**

I need a computer lab: Yes No

If yes, then how many computers?

Software needed for class:

Audio/Visual Equipment

| | | | | | |
|----------------------------------------------|-----------------|--------------------------|-------------------------|--------------------------|----------------|
| <input type="checkbox"/> No Equipment Needed | | | | | |
| <input type="checkbox"/> | LCD Projector | <input type="checkbox"/> | Elmo (Opaque Projector) | <input type="checkbox"/> | Transparencies |
| <input type="checkbox"/> | Laptop Computer | <input type="checkbox"/> | DVD Player/TV | <input type="checkbox"/> | VCR/TV |

Please specify all room requirements or **no room requirements at all**. (sinks, desks, rectangular tables, etc)
You can also specify any miscellaneous room requests.**Textbooks and Handouts** **No Textbooks**

| | |
|------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Textbook required | \$ <input type="text"/> per student for the text |
| <input type="checkbox"/> I would like CE to purchase | <input type="checkbox"/> I will supply the text book |
| Textbook Name: | |
| Publisher: | |
| Edition: | |
| ISBN: | |

Handouts & Photocopies

No Handouts

| | | |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Number of Handouts | at \$ | per student for the handout |
| <input type="checkbox"/> | I will supply photocopies at \$ | per person. |
| <input type="checkbox"/> | Continuing Education will make copies at 5 cents per page (Instructor must provide the materials 10 days prior to class start date). | |

Transportation

No Transportation

| | |
|-----------------------------|-----------------------------------------------------|
| <input type="checkbox"/> | I need transportation for the following days/dates: |
| <input type="checkbox"/> | I agree to take the 15-passenger van driving test |
| Additional Comments: | |

Miscellaneous

Please list or clarify any information not covered by options on the form:

Background Check Permission

I have not previously had a criminal background check. You have my consent to consent to conduct a criminal background check.

Yes No

I have previously had a criminal background check. You have my permission to contact my employer to verify that I have passed a criminal background screening.

Yes No

Please provide your supervisor's name, e-mail address, and phone number below.

I affirm this form is complete with all information necessary for my class.