

Hempstead Teacher Center

Course Proposal Form

Facilitator: _____ Years of Teaching: _____

Certifications: _____

Current Grade/Subject _____ Building Assignment: _____

Cell Phone #: _____

Personal email address: _____

Have you facilitated a course with our teacher center in the past? _____

If YES, provide the course title(s): _____

Proposed course title: _____

Hours of class: ___ 3 hours **weekdays** (3:30 – 6:30) five session **15 hours total**

___ 7.5 hours **weekends** (8:30 – 4:00) two sessions **15 hours total**

Meeting format: ___ In-person (3:30—6:30)

___ online (4:00—7:00)

___ hybrid (3 days in-person/2 days online)

If *online or hybrid*, do you have an unlimited Zoom account? _____

If *in-person or hybrid* what will be the building and location (i.e.- classroom, computer lab) of the class? _____

When would you like your course to take place? (choice not guaranteed):

___ Fall (Oct - Dec)

___ Winter (Jan - Feb)

___ Spring (Mar – May)

Audience (i.e.-elementary, secondary, both): _____

State Standards to be addressed:

Brief description of course:

Expected outcome for teachers:

Expected outcome for students:

Name (Please Print)

Signature

Approved by: _____ Date: _____