

## Monroe Township Community Education Instructor Course Proposal.....SPRING 2017

Please ☒ appropriate Box(es) ☐ NEW ☐ RETURNING with same course ☐ RETURNING with new course

Instructor Last Name

Instructor First Name

Email Address

Home Phone

Cell Phone

Street Address

City, State, Zip

Suggested Course Title

Suggested Course Description (Please limit to 50 words)

Course Syllabus

Class Objectives

Will students create or produce something in your class? If so, and it is an arts or crafts item, please e-mail an image to: [mnaumik@Monroe.K12.nj.us](mailto:mnaumik@Monroe.K12.nj.us) ☐ Yes ☐ No

Is any prior experience required for a student to take this course? If yes, what do they need?

What is the ideal class size?

☐ 6-8 ☐ 9-12 ☐ 13-17 ☐ 18-24 ☐ 25-30 ☐ Unlimited

Will this offering be **Youth** Friendly?

☐ No ☐ Yes

How would you accommodate varying levels of experience?

What is your class format? (Check as many as apply)

☐ Lecture ☐ Discussion ☐ Interactive Exercise  
☐ Power Point Presentation ☐ Demonstration ☐ Instructional Performance ☐ Hands-on

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How many weeks will your class last (1-10) \_\_\_\_\_

What is your preferred class length?

☐ 1 hr   ☐ 1.5 hr   ☐ 2 hr   ☐ 2.5 hr   ☐ 3 hr

What is your preferred day?

☐ Tuesday   ☐ Thursday   ☐ Other \_\_\_\_\_

Time preferred between 6 & 10pm? \_\_\_\_\_

What are your room needs?

☐ Regular Classroom   ☐ Gym   ☐ Room with Sink   ☐ Kitchen   ☐ Studio   ☐ Off-site

Will there be a materials fee? ☐ No   ☐ Yes   Approximate cost: \_\_\_\_\_

Will you be volunteering?   ☐ No   ☐ Yes   Approximate fee anticipated? \_\_\_\_\_

Have you taught this class elsewhere? ☐ Yes   ☐ No

Where: \_\_\_\_\_

If yes, who can we contact?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If no, please provide a reference:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Our Spring 2017 semester will run from March 14th through May 25<sup>th</sup> excluding week of April 10<sup>th</sup>. Please indicate when you would be available to teach during our course schedule.

\_\_\_\_\_  
\_\_\_\_\_

What are your equipment and support needs?

☐ None   ☐ Projector/Screen   ☐ Internet Connection   ☐ Sink   ☐ TV/VCR  
☐ Other \_\_\_\_\_

What is your suggested bio for the catalogue? (Limit 1 to 2 sentences)

\_\_\_\_\_  
\_\_\_\_\_

Please list credentials if they pertain to your course:

\_\_\_\_\_  
\_\_\_\_\_

Do you wish to provide a photo of yourself for inclusion in our brochure?:   ☐ Yes   ☐ No

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_

Mail by January 15 to: Maria Naumik Director of Community Education, Monroe Township Board of Education  
423 Buckelew Avenue, Monroe Twp., NJ 08831 or e-mail: [mnaumik@monroe.k12.nj.us](mailto:mnaumik@monroe.k12.nj.us)

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**OFFICE USE ONLY**

☐ Interviewed

☐ Accepted

☐ FFF