

Prior Lake-Savage Area Schools Community Education Youth Class Planning Form



Class Information

Proposed Title of Class: _____ Proposed Age/Grade Specifications: _____

Please give a brief description of the class for the catalog:

Please describe the main topics or themes for each session (list below):

Session #	Major Topics/Themes/Projects/Skills Learned
Session 1	
Session 2	
Session 3	
Session 4	
Session 5	
Session 6	
Session 7	
Session 8	

Please list supplies participants will need to bring to class (if applicable):

Is this an E-STEM Program? Yes No Not Sure

Class Structure

What is the class format (lecture, workshop, demonstration, etc.)? _____

Circle Quarter: Fall Winter/Spring Summer

Preferred Day(s) of the Week: _____ Preferred Class Date(s): _____

Preferred Start/End Time: _____ / _____ Number of Sessions: _____ Skip Dates: _____

Class Minimum (No. Participants): _____ Class Maximum (No. Participants): _____

Instructor Information

Instructor's Name: _____ Credentials to be listed in Catalog: _____

Instructor Biography relating to this class (30 words or less): _____

Address: _____ Email: _____

1st Phone Contact No: _____ Home Cell Work

2nd Phone Contact No: _____ Home Cell Work

Salary Expectations- Rate: _____ Per Person Per Hour Per Section Other: _____

Social Security or Federal Tax ID Number: _____

Supplies and Equipment

Cost of Supplies included in Participant Fee \$ _____ /Participant

Cost Includes (list items): _____

Room Needs/Special Set-Up Requirements: _____

Audiovisual Needs: LCD Project/Screen/Computer DVD Player/Monitor Other: _____

Printing/Copying Needs: _____ (Required a minimum of 10 days prior to class)

Mail to: Community Education, 4540 Tower Street SE, Prior Lake, MN 55372
Phone: 952-226-0080 Fax: 952-226-0099 Email: cdobie@priorlake-savage.k12.mn.us

Background Check Explained Instructor Registration/Handbook Submitted