

COURSE PROPOSAL ACADEMY 2009

INSTRUCTOR: _____

Last Name

First Name

PREFERRED SESSION(S): ___ Session A (Teaching Dates-June 15-19) **GRADES 5 & 6**
 ___ Session B (Teaching Dates-June 22-June 26) **GRADES 5 & 6**
 ___ Session C (Teaching Dates-June 22- June 26) **GRADES 7 & 8**

PREFERRED PERIOD(S): ___ Class Period 1 (8:15-9:15am) ___ Class Period 2 (9:30-10:30am)
 ___ Class Period 3 (10:45-11:45am) ___ Class Period 4 (1:00-2:00pm)

ALTERNATE PERIOD(S): _____

MEDIA EQUIPMENT NEEDED: _____

SPECIAL ROOM NEEDS: _____

ARE THERE ANY SPECIAL SKILLS OR EXPERIENCE LEVELS REQUIRED FOR THIS CLASS? _____
IF SO, EXPLAIN _____

PART OF THE JUNIOR COUNSELOR PROGRAM IS TO BE A TEACHING ASSISTANT IN CLASSES.

WOULD YOU LIKE A TEACHING ASSISTANT? PLEASE CIRCLE: YES NO

IF SO, PLEASE EXPLAIN THEIR DUTIES AND/ OR SKILLS REQUIRED _____

COURSE TITLE (Snappy titles, list a few choices) _____

COURSE DESCRIPTIONS (Please write a fabulous course description describing your class that will entice students to sign up for it. Every description should be creative, accurate and include solid course information. 50 words or less):

DESCRIBE THE OBJECTIVES OF YOUR CLASS AND THE HANDS-ON ACTIVITIES YOU WILL USE TO REACH THEM.

INSTRUCTOR INFORMATION ACADEMY 2009

ALL INSTRUCTORS:

1. _____
Name Social Security #

2. _____
Street Address City State Zip

3. _____
Day Phone Evening Phone Email address

4. _____
School or Business Position

Please write a short biography (25 words or less) to be used with our course descriptions. Please include teaching experience, degrees earned, accomplishments and awards.

NEW INSTRUCTORS ONLY:

PLEASE COMPLETE THE SECTION BELOW AND INCLUDE A CURRENT RESUME WITH THIS APPLICATION. Indicate the names of two people who can attest to your teaching abilities and personal character.

| Name | Address | Phone |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

RETURN COURSE PROPOSALS AND INSTRUCTOR INFORMATION BY February 13, 2009 TO:

ACADEMY 2009
SOU DCE Pre-College Youth Programs
1250 Siskiyou Boulevard, Ashland, Oregon 97520
Or Fax to (541) 552-6047

THIS FORM IS ALSO AVAILABLE ON OUR WEBSITE www.sou.edu/youth