



## New Class Proposal

**Please complete all items on this form and return it to the address listed at the bottom of this page. Please Note:**

- Use a separate form for each class you propose to teach.
- All classes are scheduled at the discretion of Community Education Staff.
- A submitted proposal is NOT an approved class. You will be contacted only if we are interested in offering your proposed class.
- You do not need to resubmit a proposal for the same class each season - we keep all proposals on file and will contact you if we want to offer it in the future.
- We schedule one season ahead (ex. if it is currently Spring, we are scheduling for Fall), according to the following deadlines:
  - Fall session is September-December.
  - Submissions due April 1.
  - Winter session is January-March.
  - Submissions due September 1.
  - Spring/Summer session is April-August.
  - Submissions due January 15.

<b>Instructor Name:</b>	
<b>Instructor E-Mail:</b>	
<b>Instructor Address:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Work/Cell Phone:</b>

Proposed Class Information			
<b>Class Category (check all that apply):</b>			
<b>Adult</b>		<b>Youth</b>	
<input type="checkbox"/> Arts & Music	<input type="checkbox"/> Business & Technology	<input type="checkbox"/> Fitness & Safety	<input type="checkbox"/> Language & Culture
<input type="checkbox"/> Culinary	<input type="checkbox"/> Fitness & Dance	<input type="checkbox"/> STEM	<input type="checkbox"/> Studio & Performing Arts
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Home & Garden	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Language & Writing	<input type="checkbox"/> Special Topics & Events	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> No School Day Program
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Day Trip or Walking Tour	<input type="checkbox"/> After School Class	<input type="checkbox"/> Evening or Weekend Class
<input type="checkbox"/> Adults with Disabilities			

Please mail or email completed form to:  
 Community Education • 1780 West 7th Street • St. Paul, MN 55116  
 phone 651.767.8179 • [commed@spps.org](mailto:commed@spps.org)

**Proposed Class Information**

**Class Title:**

**Proposed Instructor Compensation-** Amount: \$

Note: Final payment format and amount will be determined by Saint Paul Public Schools in conjunction with District Human Resource and Contracting practices.

**Equipment** - Indicate any special room or equipment needs (i.e. LCD projector, sink, kitchen, gym, etc.)

**Schedule Preferences:**

Day(s) of week	# of weeks	Start time	End time
----------------	------------	------------	----------

Please indicate which season(s) you would like to teach:

Fall (Sept-Dec)       Winter (Jan-Mar)       Spring (Apr-June)       Summer (July-Aug)

Are you a certified classroom teacher currently teaching in Saint Paul Public Schools?  Yes       No

Have you taught this course for other organizations or Community Education departments?  Yes       No

If yes, please describe:

**Describe the proposed class (200 words max.) -**

**Teaching Methods Used:**  Lecture  Group Discussion  Simulation/Demo  Hands-On  
**Describe:**

**What will students know by the end of the course?**

**Instructor Qualifications** - Please give a short summary of your background and qualifications, highlighting the experience you will bring to this class (proof of certification may be required):

**References:**

Name:  
Address:  
Organization/relationship:  
Phone:

Name:  
Address:  
Organization/relationship:  
Phone:

Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_