

DOVER
ADULT LEARNING CENTER
Of Strafford County

ENRICHMENT PROGRAM CLASS PROPOSAL

CLASS TITLE: _____ DATE: _____

A. TEACHER INFORMATION

Name: _____

Mailing Address: _____

Email Address: _____

Day Phone Number: _____ Evening Phone Number: _____

B. ADULT EDUCATION EXPERIENCE

___ Dover Adult Education ___ UNH Division of Continuing Ed ___ Local at _____

___ Other: _____

If you have not previously taught adult ed courses, please explain why you are qualified to teach adults.
Please attach a resume if possible. _____

C. EXPERIENCE IN SUBJECT TO BE TAUGHT

Please describe your professional/practical experience. _____

D. REFERENCES

Please give names of two people who can speak about your qualifications for teaching the class. Include their addresses, emails and phone numbers.

1. _____

2. _____

E. CLASS INFORMATION

1. **Description of class:** Please attach a description which could be used in a brochure. It should give people a clear idea of what the class will be like. Please keep it to about 80 words. We reserve the right to edit for space and clarity.
2. **Prerequisites for students, if any:** What prior experience or skills should a student have in order to successfully participate in your class?
3. **Maximum number of students acceptable:** _____
4. **What should students bring to the first class?**
5. **What materials will you supply for the class?**
6. **What will be the cost per student of the materials you supply?** _____
7. **What other expenses will students have, if any?**
8. **Will a book be used by the class? If yes, list its title and the place where it can be ordered.**
9. **Will the students be expected to spend much time on projects outside of class? If yes, how much time?**
10. **What facilities and/or equipment are required in the room you use? Unless you request otherwise, your class will meet in a high school classroom with a blackboard and moveable student desks or tables and chairs.**
11. **Any other comments?**

F. CLASS SCHEDULE

1. **Ideal number of class sessions (May be 1 to 9):** _____
2. **Ideal length of each session:** _____ hours
3. **Times available:** _____ evenings _____ daytime _____ Saturdays
4. **Please specify the specific days/time you would like to teach this class.**

G. TEACHER AGREEMENT

It is the policy of the Dover Adult Learning Center to offer a variety of enrichment classes. Since the classes must be self-supporting, they usually cannot run unless at least six (6) students register. The Director of Dover Adult Learning Center makes the final decision on classes.

Enrichment teachers are expected to keep accurate attendance records, and to submit an invoice at the conclusion of the class.

Applicant Signature: _____ Date: _____

As an independent contractor I understand this will mean having a W-9 (Request for Taxpayer Identification Number and Certification) on file.

I propose a rate of pay to be \$_____ per hour or \$_____ per person.

Additionally, I will need to be reimbursed for supplies at \$_____ per student.

Applicant Signature: _____ Date: _____

PLEASE RETURN YOUR COMPLETED PROPOSAL AND AGREEMENT TO:

**DOVER ADULT LEARNING CENTER
61 LOCUST ST STE 205
DOVER, NH 03820
Email: dalc@doveradulthoodlearning.org**