

## Adult Learning Center Course Proposal Form

This form is interactive; you may type in your responses and print or print a blank to fill in. Return to your program planner via email or regular mail (ALC, 5100 Cleveland St, VB, 23462).

The ALC is following Virginia Beach City Public Schools (VBCPS) plan regarding decisions about operations impacted by COVID-19. Face coverings will be required to enter the building and must be worn as long as you are in the building. Should local health metrics change for the worse and VBCPS returns to virtual (online) learning for all students, the ALC will also.

Name \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Suggested Course Title:** \_\_\_\_\_

**Please feel free to plan classes that are virtual, in-person, or a mix of both. Your virtual classes can be taught through Zoom under VBCPS' license. Community Ed Staff will help you set up a VBCPS Zoom account.**

Are you willing to teach virtually (online)? \_\_\_\_\_

Do you only want to teach in-person classes? \_\_\_\_\_

If VBCPS closes mid-class - would you continue teaching virtually to finish the class? Yes      No

**Prerequisites:** (Are there any prerequisites for the class: basic computer skills, reading ability, knowledge of certain facts?)

**Course Description:** (Write a short paragraph describing the course which could be used in the published course catalog.)

**Materials/Handouts/Supplies:** (What supplies will the students be expected to purchase? Will they be purchasing a 20-page resource book?)

**Course Details:**

Total classroom hours needed to cover material/objectives: \_\_\_\_\_

Day(s) of the week on which you would like to teach: \_\_\_\_\_

Number of class meetings: \_\_\_\_\_ Number of hours each meeting: \_\_\_\_\_

Course times you would prefer: \_\_\_\_\_

(Example: 8 total hours, Mondays, 4 meetings, 2 hours each, 6:00 – 8:00 p.m.)

Minimum number in the class: \_\_\_\_\_ Maximum number in the class: \_\_\_\_\_

**If you have specific dates you would like to teach, please list them:**

**Facilities and Equipment:** (Class will be scheduled in a regular academic classroom with a dry erase board unless you request otherwise.)

**Course Outline:** (Bulleted outline of material to be learned or objectives to be taught each class meeting. Attach an additional sheet if necessary.)

**Course Format:** (Explain the teaching format to be used: lecture, demonstration, practice under supervision, cooperative learning groups, etc.)

**What special experience or education qualifies you to teach this course?**