

Non-Credit Program Proposal

Office of Community Outreach

Spoon River College



Thank you for your interest in teaching for the Office of Community Outreach at Spoon River College. Our mission is to positively impact the communities we serve through offerings, partnerships, projects, new opportunities, and leadership. We look forward to hearing about your idea and how it will support our mission.

Please fill out completely and return:
by mail: Spoon River College, Office of Community Outreach, Attn: Velvet Powell,
2500 E Jackson St, PO Box 348, Macomb, IL 61455
by email: velvet.powell@src.edu
by fax: 309-836-2035

Date _____

Potential Instructor Name _____

Address _____

City / State / Zip _____

Home Phone _____

Other Phone (cell/work/ect.) _____

Email _____

Are you currently an employee of SRC? Yes No

PROPOSED COURSE TITLE _____

PROPOSED COURSE DESCRIPTION Type or print clearly a description of your course as it might appear in the SRC Schedule of Classes. You may include goals, topics, and possible projects. (SRC will edit as needed.)

Why will this course be beneficial to the SRC Community?

Will this course be a partnership with another business? Name _____

Have you ever taught this course before? Yes No
If yes, where/when? _____

PROPOSED SALARY _____

TARGET AUDIENCE What audience is this class designed for (age group, professionals, senior citizens, etc.)

DATES Suggested start date _____ Suggested end date _____

Meets _____ times per week for _____ weeks on the following days: M T W R F Sat (circle days)

TIMES Suggested start time _____ Suggested end time _____ Total hours this class will meet: _____

PREFERRED LOCATION ___ No preference ___ Canton ___ Macomb
 ___ Havana ___ Rushville ___ Online

PREFERRED # OF PARTICIPANTS ___ Min ___ Max

SUPPLY LIST Please list below the instructional materials and supplies you will need to teach your course.

Item	Qty	Approx Cost	Recommended source or place of purchase	Notes

SPECIAL EQUIPMENT OR SETUP NEEDS (audio visual equipment, computer lab, white board, DVD/VCR, SMART Classroom, white board, flip chart, etc.) _____

COURSE OBJECTIVES Please take a moment to list at least 3 objectives for your course.

1. _____
2. _____
3. _____

ASSESSMENT How do you plan to assess students learning in your course? In other words, how will you be able to evaluate that the above objectives have been met and that the class was a success?

INSTRUCTOR QUALIFICATIONS What makes you qualified to teach this course? (Submission of a resume is still required.) _____

Please attach a copy of your resume to this proposal.

Please attach a BIO to this proposal. Bio information may be published on the web site, on direct mail pieces, or in news releases. (SRC reserves the right to edit.)

SPECIAL CONCERNS OR NOTES _____

Thank you for your interest in offering classes in partnership with the Office of Community Outreach at SRC!

If hired, you will be asked to complete an employment application and provide a copy of your drivers' license and social security card.

FOR OFFICE USE ONLY	Date Proposal Received _____
Does this meet the strategic plan? ___ Yes ___ No	
If so, which one and how? _____ _____	
Notes: _____ _____ _____	

Form updated: 08-18-2010