



## New Class Proposal

**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 according to the following deadlines:
  - Fall session is September-December.
    - Submissions for Fall are due May 1.
  - Winter session is January-March.
    - Submissions for Winter are due August 1.
  - Spring session is April-May. Summer session is June-August.
    - Submissions for both Spring and Summer are due December 1.

<b>Instructor Name:</b>	
<b>Instructor E-Mail:</b>	
<b>Instructor Address:</b>	<b>Zip:</b>
<b>Primary Phone:</b>	<b>Secondary Phone:</b>

**Proposed Class Information**

**Class Category (check all that apply):**

Adult		Youth	
Arts & Music	Fitness & Dance	Fitness & Safety	Language & Culture
Culinary	Home & Garden	STEM	Studio & Performing Arts
Health & Wellness	Community Engagement	Aquatics	Gymnastics
Language & Writing	Special Topics & Events	Summer Camp	No School Day Program
Aquatics	Day Trip or Walking Tour	After School Class	Evening or Weekend Class
Business & Technology	Adults with Disabilities	Online/Virtual via Google Meet	
Online/Virtual via Zoom or Google Meet			

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

**Proposed Class Information**

**Class Title:**

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

Note: Final decision on payment method 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
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Please indicate which season(s) you would like to teach:

Fall (Sept-Dec)       Winter (Jan-Mar)       Spring (Apr-May)       Summer (June-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: \_\_\_\_\_