



# SUNYADIRONDACK

## Continuing Education

640 Bay Road, Queensbury, NY 12804

Phone: 518.743.2238 | Fax: 518.743.2318 | Email: [conted@sunyacc.edu](mailto:conted@sunyacc.edu)

[www.sunyacc.edu/Continuing-Ed](http://www.sunyacc.edu/Continuing-Ed)

### YOUTH SUMMER ENRICHMENT COURSE PROPOSAL FORM

These proposed courses should introduce students to new, innovative, and stimulating academic areas that enhance their traditional classroom education and provide them with a fun-filled experience. Courses should be designed to include hands-on activities and opportunities for both collaborative and independent work.

Our 2019 Summer Enrichment program takes place over three weeks, from July 8 to July 25 at the SUNY Adirondack Queensbury campus. Classes will take place four days per week, Monday through Thursday, from 8:15-10:15am, 10:30am-12:30pm or 1:00-3:00 pm, for students in grades 4-6 or grades 7-10.

Please fill out this form as completely as possible and attach any additional information that would be helpful to us, as we will assess the appropriateness of this course for our Summer Enrichment classes.

**This form must be returned to SUNY Adirondack Continuing Education by Thursday, January 17, 2019.**

Date: \_\_\_\_\_

#### Personal Information

*When possible, please include an updated resume along with your proposal.*

Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

#### Proposed Course Information

Proposed Course Title: \_\_\_\_\_

(Please complete a separate course proposal for each course. Incomplete proposals and worksheets will not be considered.)

Please write a brief **description** of the proposed course. (Attach an extra sheet if necessary.)

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Briefly outline the **activities** in the course. (Attach an extra sheet if necessary.)

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If necessary, please list any special **equipment** (i.e. instructional technology, A/V, easels, lab equipment) or computer lab time you will need. Please be specific with your needs indicating how often it would be needed.

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Room/Space Requirements:

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Is there a need to **purchase materials** for this course?      Yes       No

Updated 11/26/2018

If yes, what is the estimated cost?      \$ \_\_\_\_\_

*We've included a supply list worksheet to help you plan for needed materials. If this course is chosen to be part of our program, we will require that you complete it and return it to us.*

Student Grade Level

Class Size (Minimum is 10)

Grade 4-6      Ideal class size      \_\_\_\_\_

Grade 7-10      Maximum class size      \_\_\_\_\_

Class Time (Please indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> class time preference)

\_\_\_\_\_ 8:15am-10:15am      \_\_\_\_\_ 10:30am-12:30pm      \_\_\_\_\_ 1:00pm-3:00pm

Have you taught this course in the past? \_\_\_\_\_

Please describe your **education and/or expertise** relevant to instructing this course.

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List the names, addresses, phone numbers and email addresses of **three references** that are able to express opinions regarding your expertise in this area.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



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### YOUTH SUMMER ENRICHMENT SUPPLY LIST WORKSHEET

Instructor: \_\_\_\_\_

Course: \_\_\_\_\_

This form must be completed if materials are required. It will help us determine the material fee charge to students for your course. Please note that we try to keep this cost as low as possible. In the event that a course is chosen to be included as part of the program, the instructor is responsible for obtaining supplies for the course(s). We will send you a purchase request form for you to complete and return to us listing actual costs and supplies for your class. Following this, a purchase order made out to the vendor(s) will be provided to you to purchase the supplies.

Qualified vendors must accept a SUNY Adirondack purchase order. Please check with your vendors to be sure they do.

(A)	(B)	(C)		(D)		(E)
Item Description	Price Per Item	Quantity Needed Per Student	Per Class	Price Per Student	Class	Vendor
	\$			\$	\$	
	\$			\$	\$	
	\$			\$	\$	
	\$			\$	\$	
	\$			\$	\$	
	\$			\$	\$	
	\$			\$	\$	
	\$			\$	\$	
	\$			\$	\$	
	\$			\$	\$	

If item is bought in bulk (i.e. cans of paint), please note.