

DOVER  
**ADULT LEARNING CENTER**  
Of Strafford County

**ENRICHMENT PROGRAM CLASS PROPOSAL**

CLASS TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**A. TEACHER INFORMATION**

Name: \_\_\_\_\_

Mailing 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 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.
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.**
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 attend a pre-service teachers' meeting, to keep accurate attendance records, and to submit payroll vouchers as required. Payment arrangements will be specified at the beginning of each term. Payment is for class hours only. At the current time, payment is not expected to exceed \$ \_\_\_\_\_ per hour.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to make arrangements with Dover Adult Learning to be 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 reimburse 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