

DELAWARE TEACHER CENTER
(302) 736-6723 or (800) 282-8770

Title/Course Number: _____

Have you previously taught this course for the Teacher Center? Yes _____ No _____

Prerequisite: _____

Target Audience: _____

Suggested Date(s): _____

Suggested Time(s): _____

Suggested Location: _____

Class Size: **Minimum:** _____ **Maximum:** _____

Name of Instructor: _____

Title of Instructor: _____

Business Name: _____

Address: _____

Phone Number: _____

Home Address: _____

Phone Number: _____

E-mail Address: _____

**Social Security or
State ID Number:** _____

**Assistant
Instructors and
Titles:** _____

Please attach an agenda for classes over 3 hours.

Rationale: Provide evidence that there is a need for this course, that participation will have an impact on educational practice, and that there are connections with state standards where applicable.

Course Description: Give a brief description of the course, including major goals and objectives.

Mode of Instruction: Specify the instructional methods and materials to be used. Mode of instruction should reflect current best practice. (Ex.: lecture, demonstration, handson, cooperative groups.)

Activities: Activities should be consistent with the goals and objectives and should involve active participation by the students.

State Standards: Indicate specific standards which are being targeted. (You may just use the numbers.)