

CLASS INFORMATION

*Turn-in one set of Class Information forms for **each** class you wish to offer – even if you are offering the same class for different grade levels.*

1. Class Title (up to 18 Characters)

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2. Grades (keep grade span small): K 1 2 3 4 5 6 7 8 9 10 11 12

3. Name: _____ E-Mail: _____
 Phone: _____ Cell Phone: _____
 Address: _____

4. Class Description: (Make this enticing to readers with concise, descriptive, accurate wording.)

5. Length of class period (check one): _____ One Hour/One Day _____ One Hour/Two Days
 _____ Two Hours/One Day _____ Two Hours/Two Days

6. **Preferred** day to teach (check one): _____ Tuesday _____ Wednesday
 Additional notes: _____
 _____ Tuesday and Wednesday (both days required)

7. **Available** to teach: _____ Morning only _____ Afternoon only _____ Anytime during the day
 (Please recognize the need to be flexible due to the number of classes, teachers, and limitations of facility space.)

8. Duration of this class (check one): _____ One Semester only _____ Two Semester/Full year

9. Approximate amount of homework per week: _____

10. Prerequisites for this course: _____

11. Class Fee per student per semester: _____ Purpose: _____

12. Class Supplies; supplied by the Family: _____

13. Class Supplies; supplied by the Teacher: _____

14. Regarding **previous** classes **you** have offered at HCEC, is this class a:
 _____ Duplicate of a class you offered in another term (explain) _____
 _____ Continuation of class from last semester (give previous class #) _____
 _____ Advanced version of a class you offered previously (explain) _____

15. What is the appropriate number of students for your class (including your own, if applicable)?
 Maximum _____ Minimum _____

16. Do you need a Teacher Assistant? _____ Yes _____ No
 (If you checked "yes", please fill out a Teacher Assistant Request form)

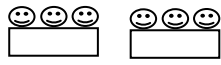
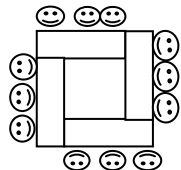

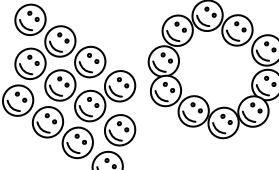
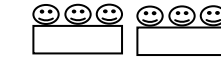
Submit this form to the Guest Services. Route to: Class Director

FACILITY REQUEST INFORMATION

Teacher Name: _____ Class Name: _____

a. Room Setup

When choosing your room setup, please keep in mind that you are sharing the room with others over a two day period. Mark an X by the option that best suits your needs.

<input type="checkbox"/> (A) Classroom Style	(A)	(B)	(C)	(D)
<input type="checkbox"/> (B) Hollow Square				
<input type="checkbox"/> (C) Theater Style				
<input type="checkbox"/> (D) Circle of Chairs				
<input type="checkbox"/> Empty Room				
<input type="checkbox"/> Kitchen				

We may have to choose the request that best reflects the needs of all the teachers using that room. You may re-arrange a room to suit your needs but please return it to its original arrangement at the end of class. We will make every effort to accommodate your request.

b. Number of chairs (including teacher & support staff): _____

c. Equipment Needs:

All rooms will have a whiteboard. (With the exception of the kitchen and room 141/143, Gym, Theater and Tag Chapel). For these rooms, this will need to be requested specifically) Please indicate other equipment needed.

Circle week(s) needed:

Overhead	_____	All	1	2	3	4	5	6	7	8	9	10	11	12
TV/VCR/DVD	_____	All	1	2	3	4	5	6	7	8	9	10	11	12
Other _____	_____													

(Any equipment needed for your class not listed above must be provided by the teacher)

Please note that every effort will be made to accommodate your wishes. Due to limited space, equipment, and staff, we ask you to be flexible and considerate in sharing rooms and equipment with other teachers.

It will be helpful to remember the following:

- We set a standard and an example for the children to follow in attitudes and actions regarding sharing.
- Any facility requests **MUST GO THROUGH** Guest Services. (If you have an urgent need during your class, send a trustworthy child with a note or place a note at the door for the hall monitor to pick up).
- Special Facility Requests during the semester regarding equipment must be submitted **in writing one week in advance**. (This protects you and the hospitality staff).
- Please pray with us as we put together our room schedule, that the facility needs of all HCEC classes will be amply met this coming term.
- Leave the room neater and cleaner than when you entered! *Let the students help clean and straighten before you leave.*

~ Plan as accurately as possible regarding your needs ~

For Office Use Only:

Room: _____ Day: _____ Time: _____

Submit this form to Guest Services. Route to: Class Director

Teacher Assistant Request

(Please complete one form for each class)

Date: _____

Class Name: _____

Grades: _____

Teacher Name: _____

Teacher Phone: _____

- ◆ Class Enrollment must be 10 students or more for grades K-5 and 12 students or more for grades 6-12 to qualify for a teacher's assistant.
- ◆ We will do our best to place a TA in your class to best fit your needs. Please list below specific needs and/ or expectations you have for a TA so she/he will be equipped to serve you well.
- ◆ I would prefer a TA who is a: Teen Adult Either

Ministry Description for Teacher Assistant: (This is the heart of how you see a TA helping you fulfill your ministry in the classroom.)

1. _____
2. _____
3. _____
4. _____
5. _____

Teacher's Special Requests (i.e., special skills, additional duties, etc.):

1. _____
2. _____
3. _____
4. _____
5. _____

Is there a specific TA you would like to request? _____
Name

_____ Phone _____ Email

Is this an approved HCEC TA? _____ If no, he/she will need to be approved.

Please tell us why you would like to request this particular individual. _____

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ADMINISTRATIVE INFORMATION

Teacher Name: _____ Class Name: _____

1. Do you need childcare? Yes No
(If you checked "yes", you will need to complete Teachers' Tots Registration after you receive your schedule.)

2. **Substitute Information** (required): *Please remember it is the Teacher's Responsibility to prepare for a substitute in the event of family emergency or unforeseen circumstances. This is for our records only.*

Substitute Name: _____ Phone: _____
Substitute Name: _____ Phone: _____

3. Are you willing to be a substitute for other teachers? Yes No

Day(s) Available: Tuesday Wednesday Both
Time Available: Morning Afternoon Both

Subjects you are comfortable subbing: _____

Instruction:

CLASS OUTLINE

- Week 1 _____
- Week 2 _____
- Week 3 _____
- Week 4 _____
- Week 5 _____
- Week 6 _____
- Week 7 _____
- Week 8 _____
- Week 9 _____
- Week 10 _____
- Week 11 _____
- Week 12 _____

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