

Resource Center Class Set Up Form Procedure

Resource Center Class Set Up Procedure (Tentative and subject to change)

Instructions for the instructor requesting a new class -

Step 1: Get permission to teach and move forward with the process from Sherri Nelson (Executive Director). Email snelson@cwcharter.org and jlevers@cwcharter.org and ljanssen@cwcharter.org . Course fee will be determined at this stage.

How to request a Class to be set up in SIS:

Step 2: Are you teaching a Core class or a Supplemental Class? If this class is Supplemental, it can only be offered for 0 credit and no grades

If Core, then start here.

If you are teaching a “Core” subject for credit and it is not supplemental (English, Math, Social Studies, Science, Visual/Performing Arts, Foreign Language, Career Technical Education-CTE), your credential must be validated before you can start this process. Please start with our academic coordinator, Lindy Janssen ljanssen@cwcharter.org and Jerri Levers jlevers@cwcharter.org; however, if the course is CTE related, then you will need to start with CTE Coordinator Melissa Cripe mcripe@cwcharter.org

If it is a core class for credit you will need to work with the department chair who oversees your classes. They will help with the setup process. Please also consult with the Curriculum & Assessment coordinator **before finalizing** any curriculum selections.

If Supplemental (or elective that is not CTE) then skip to Step 3.

Step 3: Instructor to consult with the Learning Center Coordinator and Sherri Nelson about the class that they desire to teach

Step 4: Call/email the Resource (Learning) Center to confirm there is space available

Step 5: Reserve your days, times, rooms for the Resource (Learning) Center class

Step 6: Contact dept. chair to add to the latest dept. list if applicable (after step 3 & 4) & dept. chair will submit to Mary Vinnedge for set up

Step 7: You may request LCAP funding to be reviewed by administration if the class meets the following requirements:

- Core College Prep (a-g) (math and ELA)
- Support or Intervention Classes for ELA and/or Math
- Core rigorous K-8 (ELA, Math)

If there is no funding available funding will be taken from the student EUs

Step 8: Fill out Resource Center set up form and be sure to mark CW, CWEB or CWCV

This step is only necessary if the new class is not part of a department. Email the completed resource center class set up form directly to the Executive Director for approval and then to the RC coordinator and Mary Vinnedge mvinnedge@cwcharter.org .

Step 9. Be prepared to work closely with the department chair to get the syllabus and anything else needed

Step 10. Advertise the class on the staff and parent listserves

Step 11. Teachers sign up their own students in SIS for the site classes

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Office Use Only: Department That Class Is Part Of: (Only Check One) <ul style="list-style-type: none"><input type="checkbox"/> Math<input type="checkbox"/> English/Foreign Language<input type="checkbox"/> English Language Learner (EL)<input type="checkbox"/> Social Science<input type="checkbox"/> Science<input type="checkbox"/> Special Interest	Is LCAP Fund Requested? <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No
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Please email completed forms to the Executive Director for approval and signature and then to the RC coordinator and mvinnedge@cwcharter.org

Check all that apply (Check only one box per section):

- CWCS
- CWEB
- CWCV

Semester:

- First
- Second

Grade Level Range:

- Tk-8
- 9-12

Course Information Title: _____

Small Group Instructor (SGI):

- Yes
- No

Vendor (Independent Contractor)

- Yes
- No

Exact Grade Servicing: _____

Class Street Address: _____

Class City: _____

Zip: _____

County: _____

Course Type (Select only one):

- History
- Life Skills
- Mathematics
- Political Process
- Reading/Writing
- Science
- Special Interest

Credits (Amount of units earned for this Class):

Instructor's Name: _____

Instructor's Phone: _____

Instructor's Email: _____

To be completed for all classes taught by classified staff:

Knowledge (select one):

- Volunteer experience in subject/ work experience in subject <5 yrs.
- Work exp. 5 – 10 yrs. in subject/Professional exp. <10 yrs. in subject/Teaching or training exp. <10 yrs. in subject
- Prof exp. 10+ yrs. in subject/Teaching or training 10+ yrs. in subject/Specialized training or recognized expert in subject

Training Level (select one):

- No experience/<5 yrs. experience
- 5 – 10 yrs. experience
- 10 + yrs. w/credential/degree or equivalent

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First Class Date: _____ Last Class Date: _____ Last Date To Sign Up: _____

Exact Dates Of Each Class: _____

Class Start Time: _____ Class Stop Time: _____ Day(s) Of The Week _____

Please note all CP classes must end by 3:00 pm. Any exceptions to this must be approved by Sherri Nelson

Minimum Class Size: _____ Maximum Class Size: _____ Number of Classes: _____

Drop Fee if dropping after _____ date:

- Yes
- No

Timecard for non-exempt employees:

- Yes
- No

Drop Fee Cost: \$ _____

Materials Used: _____

Facilities Name: _____

Address: _____ Phone: _____

Proposed Per Student Per Course Fee: \$ _____

(RAF Form for material reimbursement approval must be signed by Sherri Nelson, Executive Director and provided with this set-up form. If not provided a reimbursement for materials cannot be requested from the school) [RAF Form](#).

Total Materials cost for each student? \$ _____

(RAF Form for material reimbursement approval must be signed by Sherri Nelson, Executive Director and provided with this set-up form. If not provided a reimbursement for materials cannot be requested from the school) Materials used and additional information for ES or students: Please include all materials that need to be ordered by ES, listing the title, vendor/publisher, order # / ISBN #, and cost. Be sure the vendor you list is approved by CWCS and that single items can be ordered. If no information is listed, it is assumed that all materials and texts will be provided by you.

Any Extra Notes to be added: _____

*If you do not plan on teaching this course in the following school year, please notify both the resource center and your department chair immediately.

Please sign below and send to Sherri Nelson for approval.
Once approved please email the complete approved form to the RC coordinator.

Instructor's Name Printed

Instructor's Signature

Executive Director or Designee's Name Printed

Executive Director or Designee's Signature