

Teacher Information ~ Innovations 2010

Please print clearly or type

Teacher Name: _____

Business Name: _____

Address: _____

City, State, Zip _____

Phone: _____

CELL PHONE: _____

Email: _____

FAX: _____

Website: _____

Please note that your email and / or website address may be published in the Class Catalog, on the Innovations website and any other publication that Innovations may create.

Teaching Experience:	MQS, MQX,	_____
	Innovations	_____
	Local Shops	_____
	Houston	_____
	Other	_____

Please write a brief biography that may be included in a Teacher's Directory. Innovations reserves the right to edit the teacher biography for space limitations. Attach a separate sheet of paper if necessary.

Class Proposal Form - Innovations 2010

Please complete a Class Proposal Form for **EACH** class you are submitting. This form may be reproduced.
* Denotes a required field.

*Class Title: _____

*Instructor's Name: _____

Type of Class	Lecture Class		
		2 hours	
		3 hours	
		4 hours	
	Demo Class with Machine	Type of Machine	
		2 hours	Gammill
		3 hours	Gammill with Statler
		4 hours	APQS
			A-1
			Midarm
	Hands-on Project (tables for students)		
		4 hours, home sewing machines Piecing or machine quilting with DSM	
		4 hours, Dyeing/Painting, other	
	Drawing Class		
		2 hours, tables for students	
		3 hours, tables for students	
		4 hours, tables for students	
	Other Class - Specify type and length		

Class date and time preference: On the table below, circle the day and the time you prefer to teach the class. If you are proposing a class that is longer than 2 hours, pick the 2 hour time slot you would like your class to begin and we will try to accommodate your longer class in the schedule at that time. We will make every effort to accommodate your preferences in the final schedule.

I have NO time or date preference _____

Circle the day you prefer to teach this class:	Wednesday, September 15	Circle the time you prefer to teach this class:	8 - 10 am
	Thursday, September 16		10:30 am - 12:30 pm
	Friday, September 17		1 - 3 pm
	Saturday, September 18		3:30 - 5:30 pm
			6 - 8 pm

*Maximum Number of Students: _____ As many as classroom will allow: _____

***Skill level for class:** Beginner _____ Confident Beginner _____ Intermediate _____
Advanced _____ All skill levels _____ Business _____

Materials Fee: \$_____ Describe what this fee will cover: _____

No materials fees will be added after the catalog is published.

Class Supply List: Yes / No. (Supply list **MUST** be submitted with this class proposal.)

Audio Visual Equipment: _____ Data Projector (Power Point)
_____ Overhead Projector
_____ Other (specify) _____

Video Cameras and microphones will be assigned by Innovations.

Whit boards with markers are standard in each classroom.

Any costs incurred by Innovations for AV equipment not requested on this form will be deducted from the Teacher's payment check.

I would like my class to be considered for video recording for Innovations Online __ Yes __ No

Other information you feel we should have to evaluate this class proposal for the Innovations 2010 schedule: _____

Are you willing to teach this class a second time to accommodate additional students? Yes / No

Are you willing to teach classes back to back which need the same equipment in the room? Yes / No

***Class Description:** Be descriptive -- this is how students will decide to take your class! Innovations reserves the right to edit the class description for space limitations. Attach a separate sheet of paper if necessary.

***Class Outline:** Each class proposal **MUST** be accompanied by a class outline. Attach a separate sheet of paper if necessary.