

Workforce Training and Lifelong Learning

Instructor Form, Spring Session 2024

Please complete all of the items on this form. If you are teaching more than one class, please submit a new form for

each class. Plea	ase submit this form by	Monday, February 12, 20	24.	
1. Name:				
2. Contacts:	Phone:		Email:	
3. Class Title:				
4. Class Descrip	otion			
5. Instructor Bi	o:			
6. Minimum Cl	ass Size:		7. Maximum Class Size:	
8. Number of C	Classes Preferred: (1 to	6) and frequency (every v	veek/every two weeks)	
9. Class Dates I	Preferred: (<mark>class sessior</mark>	n range Monday, March 18	through Sunday, May 12 (exceptions	can be made).
10. Length of C	Class Preferred: (recomr	nended range of one hou	or 90 minutes or two hours)	
11. Technology	and Equipment Needs	: (RappCE has smart moni	tors with cords and adapters and white	e boards)
12. Day of the	Week and Time Preferr	ed: (morning, afternoon o	r evening)	
13. Preferred lo	ocation (RappCE classro	ooms in Sperryville are the	default location)	
•			shannock Center for Education general rent, equipment, processing fees, and	, •
15. Any other i	nformation about your	class, e.g. prerequisites, c	aveats, etc.:	