



Barbara Russ
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PROGRAM NAME: _____

TEACHER NAME: _____

TEACHER CONTACT INFO: Home: _____ Cell #: _____

Teacher status: ___ Full-time ___ IA ___ Volunteer ___ Other: _____

For students @ grades: _____ Max. # students: _____

TIME FRAME

wks: _____ # hours per wk: _____ total # hours: _____

start date: _____ end date: _____

days: (check) ___ Monday ___ Tuesday ___ Wednesday ___ Thursday

Pay rate: \$25 per hour other costs: _____

All Programs must focus on Reading, Writing, Math, Science, Technology or The Arts

* Class size: 6 students minimum *

Description of Program

Program Goals and Objectives

Vermont Standards and Grade Expectations to be covered:

Assessments: (Describe pre and post test that will be given to measure progress and formative assessments that will be administered at the end of each session to monitor and adjust instruction.)

Please attach a description your plans for each session. **This description must include:**

- **Title of Lesson**
- **Goals/Objectives**
- **Standards**
- **Activities and Assessment**
- **Attendance**

** Attendance sheets are required at the end of each session. **

The above information must be provided to me prior to the beginning of the session. Sessions will not be approved or allowed to run without this form.

At the completion of each session, you must submit to me the pre and post test results of the students in your program.

Signature of Program Instructor

Date: _____

Signature of CCLC Director

Date: _____