



Proposal Check List

The following should be returned to KIDS U no later **Wednesday, Jan. 17, 2024.**

- _____ A KIDS University Instructor Data/Reference Sheet
- _____ A Detailed Program Description Sheet
- _____ A Marketable Description Sheet

Upon notification of acceptance of your proposed camp idea, the following should be returned to KIDS University no later than **Wednesday, March 3, 2024.** Forms will be provided upon approval.

- _____ A Lesson Plan for Each Day's Activities
- _____ A Materials Request Form
- _____ A Facilities Request Form
- _____ A Field Trip Request Form
- _____ A Guest Speaker Request Form
- _____ A Weekly Activity Grid

Please make sure that your name and class title are on all material submitted.

**Kids University
18600 Wedge Parkway, Building A
Mail Stop 0048
Reno, NV 89511
775-784-4046**

Nyleen@unr.edu
KidsU@unr.edu

KIDS University Instructor Data Sheet

Full Name: _____

Class you are teaching: _____

Name as you wish it to appear online: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____

E-Mail Address: _____

In Case of an Emergency, Please Contact: _____

Their Day Phone: _____ Evening: _____ Cell: _____

Status in School (if applicable:)

Full Time Student

Part Time Student

Undergraduate

Graduate

Degree(s) Earned: _____

Major in School: _____

Year in School: _____ Anticipated Graduation Date: _____

Do You Hold a Valid Substitute License? _____

Any Major Allergies or Illnesses: _____

Staff Shirt Size (**Please mark one**): S M L XL XXL

Any Addition Information You Would Like Us to Know (i.e. experience, educational background, areas of expertise):

*** If you have previously taught for KIDS University and are interested in offering the same class for KIDS University again, please contact Nyleen Adams as soon as possible at kidsu@unr.edu

Instructor References

Instructor Name _____ **Class Name** _____

For New Instructors Only

Please include three (3) references regarding your teaching experience/expertise.

Name _____

Firm _____

Phone _____

Name _____

Firm _____

Phone _____

Name _____

Firm _____

Phone _____

Detailed Program Description

(Please Print or type)

Instructor Name _____

Proposal Title _____

Age and/or Grade Level Appropriate (*Pick a span of 2-3 grades*) _____

Please check the weeks you are available to teach your class:

June 17-21 (4 days) June 24-28 July 1-3, 5 (4 days) July 8-12 July 15-19 July 22-26

How many weeks total would you like to teach? _____

For example, you may be available all seven weeks, but only want to work two of those weeks. Each topic can be repeated up to two times.

Program Description

In the space below, please provide a description of *who, what, where, why* and *how* in your program that you would like to teach during KIDS University. Please be as thorough as possible and please give specific examples. Attach any additional information on class description to this page.

Example: *Using the Harry Potter series as a catalyst, students will explore the concepts and conventions of short fiction stories, i.e. character development, setting description, etc. Students will compose stories of their own to self-publish and share with others.*

If your curriculum aligns to the state standards please indicate which standards:

1. _____
2. _____
3. _____

Marketable Description

Please type or print legibly.

Instructor Name _____

Proposal Title _____

Catchy Title: This should be something that will grab the interest of the parents and children.

Description: Please remember this paragraph will be used as advertisement in the KIDS University marketing materials, and is used as the main information for the parent and children during registration.

List 3-5 activities that you **guarantee** to do during your program.

1. _____

2. _____

3. _____

4. _____

5. _____