CHIP FORM
(Class, Hour, Instructor Planning and approval)

Instructor(s) Name <u>Name</u>   Work Location <u>Central Office</u>

Home Address _____

City _____   State _____   Zip _____

Home Phone _____   Work Phone _____

Course Name <u>Title</u>

Administrator Approving this Course _____
Budget Authority _____   Budget # _____
Authorizes all costs related to this class (e.g., instructors, meals, subs, materials)

Class Size: Min <u>NA</u>   Max <u>NA</u>   Total Hours of Instruction (not including lunch) _____

Class Date <u>Dates</u>   Times <u>Times</u>
Class Date _____   Times _____
Class Date _____   Times _____
Class Date _____   Times _____
We will cancel class automatically if minimum is not met by one week prior to the class. If you want to hold class regardless, put "0" as the minimum. We will not exceed maximum, and will automatically begin a waiting list.

Location: _____   Room: _____
You need to reserve room, plan for your equipment needs, set up and clean up.
Who will provide security if needed? _____
They must have a key and know security procedures for building.
Food Provided? <u>NO</u>
Attached Food Request Approval required for snacks, meals, and drinks using district funds.
(Cost for food and beverage should not exceed $1.50 per individual.)

Credit Planned
Please underline if you would like to offer Clock hours
Clock hours
✧ In District Clock Hours – Application process for instructor approval on other side – class must be 3 hours minimum, 6.5 hours maximum per day. (3 one-hour meeting times may equal one 3-hour class.)

☐ All	☐ Foreign Language	☐ On-Line
☐ Administration	☐ General	☐ Paraeducator
☐ Curriculum	☐ Guidance & Counseling	☐ SCIENCE
☐ Early Childhood	☐ Health & Fitness	☐ SOCIAL STUDIES
☐ English Language Learner	☐ Language Arts	☐ Special Education
☐ Equity & Diversity	☐ Learning Environment	☐ Support Staff
☐ Fine & Performing Arts	☐ Math	☐ Technology

Audience:
(e.g., All Staff, Teachers, Administrators, Invitation Only)

Course Description: *(will appear in Electronic Registrar)*:
Description

Inservice Objective/Intended Outcomes: *Upon successful completion of this course, the participant will*:
Objective and/or Outcomes

Prerequisites:	**Is the class "By Invitation Only"?**	
	☐ Yes	☐ No

Restrictions:

Registrant Type: __Certificated__	Classification: __Teacher__	Location: __Variable__
(E.g., Certificated, Classified)	(E.g., Teachers-ES, Librarian, Administration, etc.)	(E.g., North, Cascade, Whittier, etc.)

Which state defined criteria does this class address? *Check the box(es) that apply.*

☐ 1. It is consistent with the **school district's strategic plan** for improving student learning.

☐ 2. It is consistent with a **school-based plan** for improving student learning developed under student learning improvement block grants for the school in which the individual is assigned.

☐ 3. It pertains to the individual's **current assignment** or **expected assignment** for the following school year.

☐ 4. It is necessary for **obtaining an endorsement** as prescribed by the State Board of Education.

☐ 5. It is specifically required for obtaining advance levels of certification.

☐ 6. It is included in a college or university degree program that pertains to the individual's current assignment or potential future assignment as a Certificated instructional staff of the school district, where the potential of the future assignment is agreed upon by the school district and the individual.

Instructor Qualifications

State law requires that for each Clock Hour instructor and each class, we provide the following information:
Academic and/or professional experience that qualifies you to teach this class, e.g., degrees and current professional position (can attach resumé, in lieu). Previous presenters enter ON FILE in this box.

ON FILE