



Submitted By: _____

Phone: _____

Date: _____

Idea Packet

Course Name: _____

Mission Statement

The mission of the Lakewood Community Recreation and Education department is to provide safe and meaningful recreational and education opportunities for kids and adults of all ages.

Lakewood Community Recreation and Education Department

1456 Warren Road
Lakewood OH 44107
216-529-4081

Idea Packet

Program/Course Title: _____

Note: A program can also be a workshop or seminar that focuses on a specific topic area. It may be covered in one or more sessions.

Classify the level of development: (Check the most appropriate)

- New Program (multiple courses, some may have prerequisites, certificate when all courses are completed)
- New Series (multiple courses on same or related topic, courses are independent of each other, certificate at the completion of each course)
- New Course/Workshop/Seminar

Identify the type of training this would be: (Check the most appropriate)

- Professional Development (related to work)
 - Compliance (driven by regulatory or accreditation requirements)
 - Skill upgrade
 - New skill acquisition
- Personal Enrichment (avocation, recreational, special interest)
- Career/Job Search Skills (such as career exploration, resumes, salary negotiation)

Identify the target audience:

Special target demographics (if any):

Gender: Male Female Age Range: _____ Education Level: _____

Other: _____

Program Description: (Limit to 75 words)

Learning Outcomes: (Measurable behavior or performance objectives. One sentence per outcome)

By the end of this program participants will:

- 1.
- 2.
- 3.

Program Outline: (Include a detailed outline of your session(s). Include topics with subtopics.)

Instructional Methods: (List all instructional methods appropriate for the intended outcomes)

- Lecture
- Demonstration
- Case Study
- Handouts
- Visual Aids
- Audience Participation
- Other (please explain)

Source of Materials: How did you learn about this topic? List possible sources for participant or instructor materials. Include third party sources and self-published.

Competition: Who else is offering this?

Saturation: Are you offering this class somewhere else? If yes, where?

National Skills Standards: Do these exist? What organization could provide them?

Market Demand: What is the market demand for this idea? (Quantify number of people who would be interested, what would motivate them to come, and so on. Attach any supporting materials, such as articles.)

Marketing Ideas: List any mailing lists, organizations, people, and so on that could help to promote this idea.

Timing Considerations: Identify any seasonal concerns, major events or time of day that would impact attendance. (For example, January to April would be bad timing for accounting-related courses due to tax season.)

Costs: Identify any known start-up costs, such as equipment, materials, access to computer lab.

Other costs: List items such as books, meals, instructor fees, and materials.

For Internal Use Only:

Implement _____ Implementation Date: _____
Authorized Signature

On hold Budget Implications Future Consideration Other: _____

Not a good fit Reason _____

Better fit for another area. Referred to: _____

Instructor Profile

Please complete and attach a current copy of your resume.

Name: _____

Degrees: _____

Certifications/Licenses: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ Pager: _____

Fax Number: _____ E-mail Address: _____

Name of Course(s) applying to teach: _____

Number of years in related discipline: _____ Number of years teaching experience: _____

Other contributions to the content or teaching discipline.

Instructor Biography: (50 words or less). This may be used on a flyer or in the catalog. In addition, please attach resume.

Do we have your approval to use your Instructor Bio? Yes No

Other topics that you have taught or can teach:

Time Availability: (Check all possibilities)

Morning

(8:00 — noon)

Afternoon

(12:30 — 5:00)

Evening

(5:30 — 10:00)

Weekends

(Sat. or Sun.)

References:

(Provide three; student references are encouraged.)

Name: _____ Telephone Number: _____

Address: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Name: _____ Telephone Number: _____

Address: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Name: _____ Telephone Number: _____

Address: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

For Internal Use Only:

References Checked Yes Approved to teach:
 No

Authorized Signature

Courses: _____

Not a good fit Reason: _____

Better fit for another area. Referred to: _____