LAB PROPOSALS

Name:_____**Date:**_____

Email:_____**Phone:**_____

Lab name: _____

Curriculum:_____   **Grade levels**:_____

Assistant needed: Y   N   **Time**:_____

Sub allowance: $_____/wk   **Tuition**:$_____/YR or Semester

Prerequisites:_____   **Material Fees**:_____

Term:_____   **Class size**: Min_____Max_____

Teacher Bio/Background:

_____

_____

_____

General Lab description

_____

_____

_____

Textbook and supplies needed:

_____

Homework to expect: ___None   or

_____

Materials/Equipment: _____

Signature of Independent Contractor making proposal_____

Administrator use only

Req'd Teacher/Student Ratio:_____   Assistant Req'd: Y/N If yes, $_____/wk

Agreed upon Tuition (year/sem) $_____ or general amount $_____

Approved by:_____ Initials of Teacher_____