

Scheduling Worksheet

Lessons in the Classroom



MathScience
Innovation Center

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1. Refer to www.msinnovation.info/sch/lclss.htm for descriptions of classroom lessons, recommended grade levels, lesson length (minutes), and facility required. **Do not combine classes.**
2. At the elementary level, you may schedule 4 classes of 60 minutes duration but no more than two lesson titles or grade levels. Allow the MSiC teacher 15 minutes to change class and at least 30 minutes for lunch.
3. At the middle/senior high level, teachers are scheduled for a maximum of 4 single or 3 block periods per day but no more than two lesson titles. For "Cryogenics", only 3 lessons are scheduled. Some lessons require that the Center teacher remain in the same classroom for the entire day; therefore, refer to www.msinnovation.info/sch/lclss.htm for lesson descriptions including classroom requirements. Allow the MSiC teacher time to change classes and at least 30 minutes for lunch.
4. Schedule confirmations and reminders will be sent to the MSiC school representative by automated emails. **Please notify the classroom teacher(s) involved.**
5. Each lesson is designed for a classroom environment. **Receiving teachers are requested to remain in the classroom to assist and evaluate the Center teacher** and to identify possible follow-up activities. **The classroom teacher is responsible for the safety and supervision of students.**
6. Please anticipate arrangements for classroom presentation, e.g., materials needed, schedule within school, etc. Notify school personnel that the Center teacher will be visiting and may need assistance.
7. To ensure service, you must schedule lessons by **October 15**. Any lesson dates still pending by October 15 will be available to all divisions on a first come, first served basis.

School _____ Date Lesson Requested _____

Center Representative or Principal

<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Colonial Heights	<input type="checkbox"/> Hanover	<input type="checkbox"/> Henrico	<input type="checkbox"/> King William
<input type="checkbox"/> Petersburg	<input type="checkbox"/> Powhatan	<input type="checkbox"/> Richmond`	<input type="checkbox"/> Other	<input type="checkbox"/>

Address _____

Telephone _____ Fax _____ E-Mail _____

Time Start - End	Teacher's Name (Mr., Mrs.,Ms.) & E-Mail	Grade Level	Room Number	Number of Students	Lesson Requested	(Select Lesson Title from CLuster)
_____	Name: _____ E-Mail _____	_____	_____	_____	_____	_____
_____	Name: _____ E-Mail _____	_____	_____	_____	_____	_____
_____	Name: _____ E-Mail _____	_____	_____	_____	_____	_____
_____	Name: _____ E-Mail _____	_____	_____	_____	_____	_____

School will provide computers Type: Mac Windows

This request has been approved and confirmed

Center Teacher _____