



COMMUNITY EDUCATION DEPARTMENT



INSTRUCTOR'S HANDBOOK

Community Education Offices:

**Two Harbors High School
1640 Highway 2
Two Harbors, MN 55616
218-834-8201, ext. 8230**

**William Kelley Schools
137 Banks Blvd.
Silver Bay, MN 55614
218-226-4437, ext. 8137**

COMMUNITY EDUCATION MISSION STATEMENT

LSSD Community Education Mission: Lifelong learning is a right of all Lake Superior School District citizens so that they may enjoy the laughter of childhood, the acceptance of youth, and the companionship of old age.

WELCOME

Dear Instructor:

Thank you for being a part of the Lake Superior School District (LSSD) Community Education Department. Our program keeps expanding and growing because people like you are so willing to share your time and talent with the community.

We hope this handbook will serve as a practical guide to answer your questions regarding the procedures we use in our program. If you ever have any questions, concerns, or suggestions, please call us. We love to hear from you.

Thank you for the very important role you play in our Community Education Department's effort to help each person continue to learn and grow throughout their life.

Sincerely,



**Chris Olafson Langenbrunner
Community Education Director**

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COMMUNITY EDUCATION STAFF

COMMUNITY EDUCATION OFFICE

Chris Olafson Langenbrunner, Director

218-834-8201, ext. 8227

ADULT & YOUTH ENRICHMENT CLASSES

Sandi Olson, Administrative Assistant

218-834-8201, ext. 8230

Jaime Hipple, Administrative Assistant

218-226-4437, ext. 8137

EARLY CHILDHOOD FAMILY EDUCATION

Kim Lenski, Coordinator

218-226-4437, ext. 8158

FACILITY USAGE

Sandi Olson, Administrative Assistant

218-834-8201, ext. 8230

Jaime Hipple, Administrative Assistant

218-226-4437, ext. 8137

DRIVER'S EDUCATION

218-834-8201, ext. 8230

218-226-4437, ext. 8137

KIDS & CO

Jody Zastera, Coordinator/Supervisor

218-834-8221, ext. 8406

PRESCHOOL

Two Harbors

Ann Carlson, Lead Instructor

218-834-8221, ext. 8440

Silver Bay

Donna Blomberg, Lead Instructor

218-226-4437, ext. 8159



YOU ARE THE HEART OF THE “TEAM”

The LSSD Community Education Department takes pride in presenting one of the best Adult Enrichment Programs in the state. As an instructor in this program, you are the most personal contact many students may have with our department. We appreciate your commitment to the community education concept and hope you will promote our program to your students. Your role as an Enrichment Instructor is important for many reasons. As the “heart” of our “team”, you are the most vital link we have in our relationship with the community. While providing instruction to many individuals; you also are in a unique position to provide feedback services to our department. In this respect, you represent the needs and opinions of the community as they are expressed by individuals in your classes. With the ever increasing need for new and innovative class ideas, it is easy to understand why we consider you an invaluable part of the “team.” Your personal contributions, creative program ideas, as well as constructive criticisms will help us stay current with the desires of the community.

The students in your enrichment classes represent all ages and stages of life found in the community. Their reasons for taking enrichment classes range from a desire to socialize - to a need to master a skill for vocational purposes. The students are highly motivated; they have chosen your instruction. A student’s impression of community education and its value for their life may well be formed by a single classroom experience. It is for this reason, that we expect you to represent our community education “team” in a very personal and responsible way.

INSTRUCTOR’S RESPONSIBILITIES

Preparing for your class:

1. Complete and return Class Proposal Forms to the Community Education Office before the stated deadline. (Sample attached on page 14.)
2. Return a signed copy of the Instructor Contract to the Community Education Office. If you have received your Course Agreement on-line, you can access it with your PIN number (the last 4 digits of your home phone number.) The Instructor Contract will include the date, times and location of your class. It is suggested that you print a copy to keep for your records.
3. Contact the Community Education Department at least **two weeks** before your class begins to verify Audio/Visual equipment. (Ideally, the need for equipment should be noted on your new class form.)

4. Submit class hand-out sheets to the Community Education Office for duplication at least 14 days before your class begins. **(Custodians do not have access to copy machines.)** In planning your hand-out sheets, please keep the following in mind:
 - a. It is illegal to make copies of copyrighted materials without receiving written permission to do so.
 - b. Please **limit** the number of handouts to **ten sheets per student**.
5. **One week before** class is scheduled to begin; it is **your responsibility** to call the Community Education Office **(834-8201, Two Harbors / 226-4437, Silver Bay)** to determine if enrollment is sufficient to run your class.
6. The schools in the District have custodial staff on duty every Monday through Thursday evening and during scheduled events. Their role is to facilitate the use of the building by teachers and students and other community groups.
7. Custodians will have your classroom open and any previously requested equipment should be in place. **(Custodians do not have immediate access to A/V equipment. This must be ordered in advance.)**
8. Prior to your class, our administrative assistants will provide:
 - a. Your Instructor Handbook
 - b. Your class list/roster.
 - c. Student Hand-Out Materials that you requested.
9. Accident Reports are your responsibility to fill out if either you or a student has an accident. See Accident Procedures on page 10. Forms are on pages 20 and 21.
10. Custodians can provide access to a First Aid kit and a flashlight in case of emergency

MATERIALS FEES

Any materials to be sold in your class **MUST** be printed in the class description used in the Community Education Good News brochure. Please hold your materials costs in line with the amount you submitted on your class offering form.

It is also important that you remember that enrichment classes are set up for the benefit and personal growth of individuals in the community, not for private or commercial gain. **No materials or merchandise are to be sold, given away, or exhibited for the purpose of making profit or advertisement. Distribution of company literature and business cards must take place after the class has ended.**

EVALUATIONS

At the conclusion of each class, the Community Education Department may ask your students to evaluate (via an emailed survey) the educational experiences they are receiving in your class. The purpose of the evaluation is to provide us with feedback regarding the content and presentation of your class. The evaluation also provides our staff with helpful information about new class ideas, facilities and how the community views our program. The results of the evaluation will be shared with you upon request. If a person does not have an email address for our email survey, a paper survey will be mailed upon request.

THE FIRST DAY OF CLASS

1. Come to class early and before class begins, make sure the room you will use has all the proper equipment.
2. Make sure you meet the custodian on duty.
3. Check attendance carefully. **Do not** accept walk-ins. Remember that we do keep a waiting list for filled classes. Instructors are not to take late or walk-in registrations. Students must be on the instructor list provided by our office to be permitted to attend for liability reasons.
4. Introduce yourself to your students and provide any necessary information about yourself to the class.
5. Provide your class with an outline of your course content and clearly state your course objectives.
6. Plan something especially interesting for the first night.

GUIDELINES FOR CLASSROOM USE

1. Leave the room **exactly** as you found it.
2. Do not use day school books and/or supplies.
3. **Do not erase day school work from the whiteboard.**
4. If you use the whiteboard, **please erase what you have written before you leave.**
5. When your class is over, please turn out the lights and shut the door as you leave.
6. No food or beverages are allowed in any classrooms (except for the food labs.)
7. State law mandates that no alcoholic beverages or tobacco products are allowed on school property.

GUIDELINES FOR COOKING INSTRUCTORS

1. The cost of food for cooking classes may be difficult to predict with food costs changing rapidly and uncertainty of enrollment in each class. Please try to keep within your pre-determined budget, but if some unforeseen problem forces you above your budget, **do not short change the students or lower the quality of instruction in order to remedy the situation.**
2. **Dish cloths and dish towels are not available.** It is mandatory that you provide your own when you teach the classes.
3. Please model yourself and have participants use good hygiene habits (washing hands and having long hair tied back prior to food preparation).
4. In the past, we have observed that a **few** students (and sometimes instructors) have needed to be reminded of the following:
 - a. Leave the room as you found it.
 - b. Be sure all utensils are cleaned and replaced in the location from which you took them.
 - c. **Thoroughly** clean all counters, sinks, floors and cooking areas. Sweep if needed.
 - d. Don't leave these tasks for others to complete. Stay and help so that everyone can leave at the same time.
 - e. Place excess grease or oil in a throw away container, **not down the sinks.** Plan ahead for your class and bring an appropriate container for this.
 - f. Use cutting boards for cutting and chopping, **not** formica counter tops and stainless steel surfaces.
 - g. **Be sure that you have turned OFF all burners, ovens and timers before you leave.**
 - h. Make sure you know where the fire extinguisher and fire blankets are located in the room.
5. Please inform the Community Education offices as soon as possible after the class if you have any issues.



CLASS CANCELLATIONS

1. **Due to insufficient enrollment:** Classes that have insufficient enrollment to cover costs will be cancelled. It is **your responsibility** to call the Community Education Office (834-8201, Two Harbors / 226-4437, Silver Bay) one week before your class begins to confirm enrollment and check whether the class will take place.
2. **Due to teacher illness or emergency:** All teachers are expected to conduct class on the dates listed in Community Education brochure. If you need to alter your schedule, it is **essential** that you contact the Community Education Office (834-8201, Two Harbors / 226-4437, Silver Bay), before notifying your students. **It will be your responsibility to notify all students that you are cancelling your class.** Also, all cancelled classes must be made up. Make sure to contact those students that are absent on the night any announcements are made.
3. **Due to inclement weather:**
 - a. If the Lake Superior School District is closed during the day because of snow or severe weather, all Community Education enrichment classes are automatically cancelled.
 - b. If the schools are open, but the weather looks threatening for evening classes, call the Community Education Office (834-8201, Two Harbors / 226-4437, Silver Bay) for any last minute cancellation decisions.
 - c. If the Community Education Department **DOES NOT** cancel classes, but you feel the weather is too poor for you to get to class, you may decide to cancel your class for the evening. If so, it will be your responsibility to follow the same procedures as teacher illness or emergency.
4. **ALL CLASSES CANCELLED BECAUSE OF INCLEMENT WEATHER WILL BE RESCHEDULED.** It is up to the teacher to reschedule with the Community Education Department. If this is not feasible, refunds will be given.

COMPENSATION

1. Instructors are paid in one payment after the completion of their course (unless we are subcontracting with a business--in that case they will pay you.).
2. For each course you teach, you will receive a Course Agreement Form.
 - a. Course Agreement Forms should provide helpful in confirming salaries, class schedules, and room assignments. When you receive this form, please read it carefully, sign it and return it to the Community Education Office. Call the office if you have any questions or concerns.
 - b. Your paycheck will be requested upon conclusion of your class session(s).

- c. Your check will be mailed to your home or direct deposited, if you complete a request form.
3. New instructors, or those that have not worked for more than one year, must complete the necessary Employment Forms.
4. If you have a change of address, email, or telephone number, please submit information to the Community Education Office.

CRISIS INFORMATION – See final page of instructor manual also (page 18)

If an accident or emergency occurs during your class, do the following: 1. If medical care is needed, call 911. 2. Contact the Building Supervisor/Custodian on staff at that time.

An accident report **must be filled out** if someone is injured in your class. Please return the form to the Community Education Office. (Forms are on pages 16 & 17.)

FIRE EMERGENCY

1. Close windows, if time permits.
2. Close doors and turn out lights on your way out.
3. Do not use the elevators.
4. Exit building through nearest safe exit (see map posted inside classroom).
5. Account for all program participants once outside.

SEVERE WEATHER

1. Go to the interior hallways on the lower level.
2. Avoid auditoriums, gymnasiums or large areas with poorly supported roofs.
3. Stay away from windows, doors and outside walls.

REFUNDS

Refunds are not issued after the first class has begun. Please refer any questions regarding refunds to the Community Education Offices (834-8201, Two Harbors / 226-4437, Silver Bay.)

PROBLEMS

Any complaints or suggestions that you or your students have should be directed to the Community Education Offices (834-8201, Two Harbors / 226-4437, Silver Bay).

RESEARCH ON LEARNING

For decades, specialists have studied the learning process in an attempt to clarify how individuals learn. Their studies have resulted in reasonable agreements on the basic conditions for effective learning.

The adult enrichment instructor should know that:

- An individual learns best those things she/he wants to learn.
- An individual learns best those things she/he is able to learn.
- An individual learns best those things that tie in with what is familiar to her/him.
- An individual learns best when she/he takes an active part in the learning process.
- An individual learns most effectively when she/he knows how well she/he is doing.
- An individual learns best when she/he gets satisfaction out of the learning process.

TEACHING TIPS FOR TEACHERS OF ADULTS

Importance of first class: Create a pleasant atmosphere for learning, find out about each class member, explain your objectives, find out the class members expectations for the class and learn the class members' names.

Know your subject thoroughly and vary the format of your class.

Be on time for your class.

Attributes for being a facilitator of learning: A pleasant expression, well-modulated voice, a patient listener and a non-critical attitude.

Praising the students enhances their feelings of security.

Ask students for verbal feedback on the progress of your class.

Have a sense of humor!

CHARACTERISTICS OF ADULT LEARNERS

Adults bring to a learning situation:

- A readiness to learn.
- A problem-solving orientation.
- An abundance and variety of applicable experiences.
- A need to immediately apply what they learn.
- A variety of learning abilities.

Adult learning can be limited by:

- A poor self-image.
- Learning disabilities – physical, mental and psychological.
- An uncomfortable physical learning environment.
- Visual and hearing difficulties.
- A fear of failure.
- Information overload.



CHARACTERISTICS OF YOUTH LEARNERS

Youth learners bring to a learning situation:

- A fearless, can-do attitude.
- Curiosity and lots of questions.
- A readiness and willingness to learn that which interests them.

Youth learning can be limited by:

- A poor self-image.
- Learning disabilities – physical, mental and psychological.
- An uncomfortable physical learning environment.
- Visual and hearing difficulties.
- A fear of failure.
- Information overload.

BUILDING LOCATIONS AND OFFICE LOCATIONS

Community Education
Two Harbors High School
Door 1
1640 Highway 2, Suite 2001
Two Harbors, MN 55616
(218) 834-8201, Ext 8230



Community Education
William Kelley Schools
137 Banks Boulevard
Silver Bay, MN 55614
(218) 226-4437, Ext 8137

Minnehaha Elementary
421 7th Street
Two Harbors, MN 55616
(218) 834-8247



Two Harbors High School
1640 Highway 2
Two Harbors, MN 55616
(218) 834-8201



William Kelley Elementary & High School
137 Banks Boulevard
Silver Bay, MN 55614
(218) 226-4437



**COMMUNITY EDUCATION
LAKE SUPERIOR SCHOOL DISTRICT**

1640 Hwy 2, Suite 2001
Two Harbors, MN 55616
218-834-8201, ext. 8230

Chris Langenbrunner
Director
218-834-8201, ext. 8227

137 Banks Blvd.
Silver Bay, MN 55614
218-226-4437, ext. 8137

Name: _____ Email: _____

Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone _____

Suggested Course Title: _____

Brief Course Description:

Day requested: _____ Starting date: _____ # of weeks: _____

Starting time: _____ Ending time: _____ Room request: _____

Compensation expectation for instructor (example: \$7/hour or \$10/student). Please note that the Community Education office adds an additional charge to cover class setup, advertising, facility use, etc.

Supply fee (if any): _____ It must reflect the actual cost of materials that are supplied by the instructor.)

Prerequisites for this class (minimum age, must have taken beginning class, etc.)

Class size limitations: Minimum students _____ Maximum students _____

Supplies the students must bring (and where they may be obtained) : _____

Estimated cost for the supplies that the students must bring: \$ _____

Equipment needed: _____

Comments of additional information: _____

Please note: all instructors and volunteers for Lake Superior Community Education must agree to a MN BCA Background Check

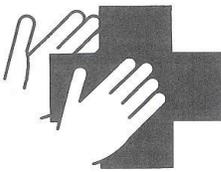
If you become injured at work

Please follow these steps to ensure the injury is properly reported and treated:



Report the injury to your supervisor.

Always tell your supervisor as soon as possible, even if the injury appears minor.

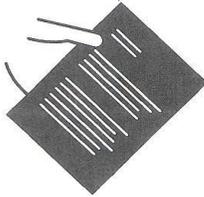


Seek medical attention.

If it is an emergency, call 911 or have someone take you to the nearest emergency facility.

If not an emergency, please go to this clinic:

Injured worker's choice of clinic



Give all available information.

Please provide your supervisor or claims coordinator with all requested information. Injuries must be reported promptly and accurately for insurance purposes.

If you have questions about work injuries, see your supervisor or your employer's claims coordinator:

Mary Guzzo

Phone: 218-834-8216, ext 8229

Fraud is when a person deliberately misrepresents or fails to disclose information to receive benefits to which he or she is not entitled. It is a crime. Offenders will be actively pursued, and may be ordered to pay restitution, fined or imprisoned.

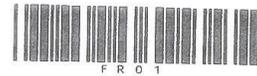
Prepared by SFM, your employer's workers' compensation insurer.

ph-11-0706a

Minnesota Department of Labor and Industry
 Workers' Compensation Division
 443 Lafayette Road North
 St. Paul, MN 55155-4305
 (651) 284-5030

First Report of Injury

See Instructions on Reverse Side
 Please PRINT or TYPE your responses.
 Enter dates in MM/DD/YYYY format.



DO NOT USE THIS SPACE

1. EMPLOYEE SOCIAL SECURITY #		2. OSHA Case #			
3. DATE OF CLAIMED INJURY		4. Time of injury <input type="checkbox"/> am <input type="checkbox"/> pm	5. Time employee began work on date of injury <input type="checkbox"/> am <input type="checkbox"/> pm		
6. EMPLOYEE Name (last, first, middle)			7. Gender <input type="checkbox"/> M <input type="checkbox"/> F	8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	
9. Home address			10. Home phone #	11. Date of birth	
City	State	Zip Code	12. Occupation		13. Regular department
15. Average weekly wage		16. Rate per hour	17. Hours per day	18. Days per week	19. Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part time <input type="checkbox"/> Volunteer
20. Weekly value of:	Meals	Lodging	2 nd Income	21. Apprenticeship <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Tell us how the injury occurred and what the employee was doing before the incident (give details). Examples: "Worker was driving lift truck with a pallet of boxes when the truck tipped, pinning worker's left leg under drive shaft." "Worker developed soreness in left wrist over time from daily computer key entry."					
23. What was the injury or illness (include the part(s) of body)? Examples: chemical burn left hand, broken left leg, carpal tunnel syndrome in left wrist.			24. What tools, equipment, machines, objects, or substances were involved? Examples: chlorine, hand sprayer, pallet lift truck, computer keyboard.		
25. Did injury occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate name and address of place of occurrence		26. Date of first day of any lost time		27. Employer paid for lost time on day of injury (DOI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No lost time on DOI	
		28. Date employer notified of injury		29. Date employer notified of lost time	
		30. Return to work date		31. Date of death	
32. TREATING PHYSICIAN (name, address, and phone)			33. HOSPITAL/CLINIC (name and address) (if any)		34. Emergency Room Visit <input type="checkbox"/> Yes <input type="checkbox"/> No
					35. Overnight in-patient <input type="checkbox"/> Yes <input type="checkbox"/> No
36. EMPLOYER Legal name			37. EMPLOYER DBA name (if different)		
38. Mailing address			39. Employer FEIN	40. Unemployment ID#	
City	State	Zip Code	41. Employer's contact name and phone #		
42. Physical address (if different)			43. Witness (name and phone)		
City	State	Zip Code	44. NAICS code	45. Date form completed	
46. INSURER name SFM Mutual Insurance Company			51. CLAIMS ADMIN COMPANY (CA) name (check one) SFM Mutual Insurance Company		<input checked="" type="checkbox"/> Insurer <input type="checkbox"/> TPA
47. Insured legal name			52. CA address Claim Services, Box 9416		
48. Policy # or self-insured certificate #			City	State	Zip Code
			Minneapolis	MN	55440-9416
49. Insurer FEIN 41-1459789	50. Date insurer received notice		53. CA FEIN 41-1459789	54. Claim #	

MN FR01 (09/02) Copies to: Insurer, Employer, Employee, and Workers' Compensation Division (if no insurer)

LAKE SUPERIOR INDEPENDENT SCHOOL DISTRICT #381

SUBMIT TO DISTRICT OFFICE
(NO LATER THAN NEXT BUSINESS DAY)

1640 HIGHWAY 2, SUITE 200
TWO HARBORS, MN 55616

INCIDENT REPORT FOR NON EMPLOYEES OR STUDENTS

Please take care to print / write legibly and complete all sections

Date of Incident: _____	Time of Incident: _____	Date of Report: _____
--------------------------------	--------------------------------	------------------------------

INFORMATION PERTAINING TO INJURED PARTY:

First and Last Name: _____
Home Address: _____
City / Zip Code: _____ **Home Phone:** _____

Student? Y N Other: _____	Grade / Age: _____
School Name: _____	School Contact: _____
School Location: _____	Contact Phone #: _____

Location of Incident: _____
Description of How Incident Occurred: _____

Description of Injury / Body Part Affected: _____

Parent / Guardian's Name and Address (if Student): _____ _____	Phone - Home () Phone - Work () Parent Contacted: Y N
---	--

First Aid Administered? Y N Describe if Yes: _____

WAS 911 CALLED? YES ___ NO ___	REFERRED TO PHYSICIAN? YES ___ NO ___
---------------------------------------	--

Submitted By: _____ **Title:** _____ **Phone:** _____

Signature / Date _____

Please add any additional information that you feel is important or pertains to the above-mentioned Accident Report to the back of this form and promptly submit to Business Office.

LSSD “After Hours Crisis Plan”

Fire:

1. Pull Alarm
2. Evacuate everyone to designated area
3. Account for present and missing persons

Severe Weather:

1. Move everyone to a “safe” area
2. Account for present and missing persons

Intruder inside/outside of building:

1. Call 911. Internal school phones dial (9)911
2. Make sure students/adults are in a safe location
3. Account for everyone in your program/class

Medical Emergency:

1. Call 911. Internal school phones dial (9)911.
2. In a serious event make sure all students/adults are away from the incident