

Pre-College Academic New Program Worksheet

Contact Information	Name: Email: Phone: College/Department:
Program Title	(Not sure at this time? Then come back and fill it in later)
Program Dates	(Not sure at this time? Then come back and fill it in later)
Program Goal/s <i>Example: Increase the number of qualified applicants in particular major and or program at BGSU®</i>	1. Program Goal: 2. Program Goal: 3. Other Comments:
Program Objective/s	Fill – In:
Program Description	<input type="checkbox"/> Provide 3-5 sentences or 5-7 bullet points describing program focus

Program Focus	<input type="checkbox"/> Academic Year Programming <input type="checkbox"/> Week Day Mon - Fri 8:00 AM – 5:00 PM <input type="checkbox"/> K-12 After School Mon - Fri 2:30 PM – 7:00 PM <input type="checkbox"/> Evening &/or Weekend Programming Fill-In: <input type="checkbox"/> Summer Programming <input type="checkbox"/> Traditional Summer Camp – provides overview of several concepts, topics & ideas i.e. – General Field overview, Pre-Professional Programs (Veterinary Medicine), Media & Communications, Forensic Science <input type="checkbox"/> Specialized Camp – highly focused on one specific content area of a given field i.e. <ul style="list-style-type: none"> • Veterinary– Zoo Animal Medicine • Media & Communications – Recording • Forensics – Chemistry <input type="checkbox"/> Other (Fill-In):
Program Audience	<input type="checkbox"/> 12 – 14yr olds (Traditionally Junior High to Freshman 6 th – 9 th) <input type="checkbox"/> 15 – 17yr olds (Traditionally High-School 10 th – 12 th grade) <input type="checkbox"/> Family & Community (0 – 11yr, all family members, Grandparents & kids, non-traditional students, young adults [18 – 26]) <input type="checkbox"/> Fill-In Audience: <input type="checkbox"/> Other (Fill-In):
Program Size	<input type="checkbox"/> Individualized program (1- 9 participants) <input type="checkbox"/> Small (10 – 20 participants) <input type="checkbox"/> Medium (21 – 40 participants) <input type="checkbox"/> Large (41 – 60 participants) <input type="checkbox"/> Other _____ (Fill-In for one day events, fairs, festivals, open-houses)
Program Capacity	Please list the exact number of participants you wish to involve in your program: _____



Program Type	<input type="checkbox"/> Residential <input type="checkbox"/> Day <input type="checkbox"/> Event/Festival <input type="checkbox"/> Open house <input type="checkbox"/> Other (Fill-In):
Program Length	<input type="checkbox"/> Residential 1 night – residential program 2 night – residential program 3 or more nights – residential program <input type="checkbox"/> Day 1 Day – Day Program 2 Day – Day Program 3 or more Days – Day Program <input type="checkbox"/> Event/Festival/Open House <input type="checkbox"/> Other (Fill-In):
Program highlights & special programming interests	<input type="checkbox"/> Tours and/ or local field trips <input type="checkbox"/> Speakers <input type="checkbox"/> Lecture/Lesson/Activities/Labs/Inquiry/case studies <input type="checkbox"/> Final Project/Presentation/Skill Demonstration Program <input type="checkbox"/> BGSU Campus Activities/Life/Admissions/FASFA etc... <input type="checkbox"/> Special Programming (i.e. Mud Hens, Walleye, Trapped Toledo) <input type="checkbox"/> Other (Fill-In) _____
Faculty/Staff	<input type="checkbox"/> Camp Coordinator for the Program (Day to Day Camp Operations) <input type="checkbox"/> Known Fill-In Name/s _____ <input type="checkbox"/> TBD and/or hired <input type="checkbox"/> Faculty/Staff Instructors <input type="checkbox"/> Known Fill-In Name/s _____ <input type="checkbox"/> TBD and or hired <input type="checkbox"/> Faculty/Staff Instructors <input type="checkbox"/> Known Fill-In Name/s _____



Student Staff	<input type="checkbox"/> Student Instructors <input type="checkbox"/> Known Fill-In Name/s _____ <input type="checkbox"/> Known Fill-In Name/s _____ <input type="checkbox"/> Known Fill-In Name/s _____ <input type="checkbox"/> TBD and or hired																				
Chaperones and Residential Counselors	<input type="checkbox"/> Faculty/Staff Chaperone (On Site/ On Call BGSU employee responsible for emergencies – i.e. student needs to be taken to Falcon Health Center if not program coordinator) <input type="checkbox"/> Known Fill-In Name/s _____ <input type="checkbox"/> TBD and or hired <input type="checkbox"/> Student (i.e. RA; Camp Counselor) <input type="checkbox"/> Known Fill-In Name/s _____ <input type="checkbox"/> Known Fill-In Name/s _____ <input type="checkbox"/> Known Fill-In Name/s _____ <input type="checkbox"/> TBD and or hired <p>Ratios of staff who are on duty with campers in units or living groups and in general camp activities should meet the following minimums?</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Camper Age</th> <th>Number Staff</th> <th>Overnight Campers</th> <th>Day-only Campers</th> </tr> </thead> <tbody> <tr> <td>5 years and younger</td> <td>1</td> <td>5</td> <td>6</td> </tr> <tr> <td>6–8 years</td> <td>1</td> <td>6</td> <td>8</td> </tr> <tr> <td>9–14 years</td> <td>1</td> <td>8</td> <td>10</td> </tr> <tr> <td>15-18 years</td> <td>1</td> <td>10</td> <td>12</td> </tr> </tbody> </table> <p>Source HR.8.1 http://www.acacamps.org/resource-library/accreditation-standards/aca-standards-relate-staff-screening-supervision-training</p>	Camper Age	Number Staff	Overnight Campers	Day-only Campers	5 years and younger	1	5	6	6–8 years	1	6	8	9–14 years	1	8	10	15-18 years	1	10	12
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Program Budget	<input type="checkbox"/> Departmental Funds Supporting Program <input type="checkbox"/> Sponsorship/Fundraising Funds <input type="checkbox"/> Registration/Application Fees <input type="checkbox"/> Grant Funding <input type="checkbox"/> Other
Materials, Supplies Equipment	What is needed to effectively run this program:
Desired Space/Locations	Please list classroom space, or known locations that you envision holding camp events (lectures, labs classes etc)



<p>Additional Information that will be helpful to the Academic Program Coordinator:</p>	<p>Fill-In</p>
<p>The Pre-College Academic Program Coordinator will follow up with the contact person provided at the beginning of this form to set up an initial meeting. Academic Program Coordinator Services are not guaranteed by filling out this program guide. Upon program approval and selection by the Pre-College Programs office additional meetings will be arranged between the Academic Program Coordinator and College/Department. All programs may be subject to a 5% service fee for academic program coordinator services.</p>	

