

COOPERATIVE ARRANGEMENTS COUNTED FOR THE HIGH SCHOOL INSTRUCTIONAL PROGRAM 2020-2021 School Year

Please submit this form for cooperatively arranged courses used in meeting 92 NAC10-004.04A. Cooperatively arranged courses are those provided through cooperative arrangements between school systems or through contractual arrangements with ESU's and post-secondary institutions. Refer to Rule 10, Regulation 004.04D1a for conditions under which such courses may be used.

(Please be reminded that teachers in cooperatively arranged courses must hold a valid Nebraska Teaching Certificate.)

Co-Dist: _____	Name of School System: _____	Address: _____	City: _____	Zip Code: _____
Name of Head Administrator: _____		Name of Cooperating School: _____		

Course Name: _____	Course Code: _____	Meets Regulation 004.04B ____	Semester Code: _____	Grade Level(s): _____	Number of Students: _____
Teacher's Name: _____	NDE Staff ID: _____		Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Minutes Per Session: _____	No. of Sessions Per Year: _____

Course Name: _____	Course Code: _____	Meets Regulation 004.04B ____	Semester Code: _____	Grade Level(s): _____	Number of Students: _____
Teacher's Name: _____	NDE Staff ID: _____		Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Minutes Per Session: _____	No. of Sessions Per Year: _____

Course Name: _____	Course Code: _____	Meets Regulation 004.04B ____	Semester Code: _____	Grade Level(s): _____	Number of Students: _____
Teacher's Name: _____	NDE Staff ID: _____		Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Minutes Per Session: _____	No. of Sessions Per Year: _____

Course Name: _____	Course Code: _____	Meets Regulation 004.04B ____	Semester Code: _____	Grade Level(s): _____	Number of Students: _____
Teacher's Name: _____	NDE Staff ID: _____		Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Minutes Per Session: _____	No. of Sessions Per Year: _____

 Signature of Head Administrator

 Date