

AMERICAN ORFF-SCHULWERK ASSOCIATION
Application for Training Course Approval

Date Submitted _____ Levels to be taught: I _____ II _____ III _____

ALL PROPOSALS ARE DUE JANUARY 15
(All applications must be typed.)

Send completed forms to:
AOSA PO Box 391089 Cleveland, OH 44139-8089

1) Course Director/Instructor filling out this application:

Name _____
Address _____
Work phone (____) _____ Home phone (____) _____
E-Mail address _____ Fax (____) _____

2) All approved courses (Levels I, II and III) are included in the summer course listing, sent to every AOSA member and posted on the Web site. Please provide the following information about your course:

Dates Course Will Be Offered: _____
Institution: _____
Hours per day: _____ Total Contact Hours: _____

Entrance Requirements:
Level I: _____
Level II: _____
Level III: _____

Contact Person: _____
Address: _____
City/State/Zip: _____
Work phone (____) _____ Home phone (____) _____
E-Mail address _____ Fax (____) _____

3. Instructor Information (All instructors must complete a vita and curriculum outline for the areas being taught. Vita and curriculum MUST be on file at AOSA headquarters prior to application approval.)

Instructor of Basic Orff Level I: _____
AOSA Membership # _____
Address _____
City/State/Zip _____
Work phone (____) _____ Home phone (____) _____
E-Mail address _____ Fax # (____) _____

Instructor of Level I Movement: _____
AOSA Membership # _____
Address _____
City/State/Zip _____
Work phone (____) _____ Home phone (____) _____
E-Mail address _____ Fax # (____) _____

Instructor of Level I Recorder: _____
AOSA Membership # _____
Address _____
City/State/Zip _____
Work phone (____) _____ Home phone (____) _____
E-Mail address _____ Fax # (____) _____

Instructor of Basic Orff Level II: _____
AOSA Membership # _____
Address _____
City/State/Zip _____
Work phone (____) _____ Home phone (____) _____
E-Mail address _____ Fax # (____) _____

Instructor of Level II Movement: _____
AOSA Membership # _____
Address _____
City/State/Zip _____
Work phone (____) _____ Home phone (____) _____
E-Mail address _____ Fax # (____) _____

Instructor of Level II Recorder: _____
AOSA Membership # _____
Address _____
City/State/Zip _____
Work phone (____) _____ Home phone (____) _____
E-Mail address _____ Fax # (____) _____

Instructor of Basic Orff Level III: _____

AOSA Membership # _____

Address _____

City/State/Zip _____

Work phone (____) _____ Home phone (____) _____

E-Mail address _____ Fax # (____) _____

Instructor of Level III Movement: _____

AOSA Membership # _____

Address _____

City/State/Zip _____

Work phone (____) _____ Home phone (____) _____

E-Mail address _____ Fax # (____) _____

Instructor of Level III Recorder: _____

AOSA Membership # _____

Address _____

City/State/Zip _____

Work phone (____) _____ Home phone (____) _____

E-Mail address _____ Fax # (____) _____

The American Orff-Schulwerk Association does not award certificates, credits or other indicators of completion of Teacher Training courses. These are the responsibility of the sponsoring institution.

4. Please check all that apply:

_____ Our institution will offer an Orff Schulwerk Introduction (pre-Level I) course this summer.

Instructor _____

Title of Course _____

Course Dates _____

_____ Our institution will offer an Orff Schulwerk Master class this summer.

Instructor _____

Title of Course _____

Course Dates _____

_____ Our institution offers a graduate (M.A.) program with Orff emphasis. If you checked this, please list title and dates for three Orff-related courses you will be offering:

PROPOSED DAILY SCHEDULE

(Please submit a typed daily schedule which meets the contact hour criteria for Basic, Movement, Recorder and Special Topics.)

BASIC Contact Hours: _____

RECORDER Contact Hours: _____

MOVEMENT Contact Hours: _____

SPECIAL TOPICS Contact Hours: _____

TOTAL COURSE CONTACT HOURS: _____

Revised 4/28/2006

