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1 TEACHER & SCHOOL**TEACHER / INSTRUCTOR NAME****SCHOOL / DISTRICT****EMAIL ADDRESS** — *this becomes the course login***CONTACT NUMBER****SCHOOL ADDRESS** — *street, city, state, ZIP***ADDITIONAL TEACHERS** — *sharing this same course***2 COURSE SETUP****COURSE TITLE** — *exactly as you want students to see it***START DATE****END DATE****LENGTH OF COURSE****# OF STUDENTS****WHO ARE YOUR STUDENTS?** — *check all that apply*☐ HS Junior ☐ HS Senior ☐ College ☐ Academy / Recruit ☐ Adult Ed**3 YOUR STATUS****DO YOU OWN THE SIMULATOR?**☐ Yes ☐ No**IS THIS A RETURNING COURSE?**☐ Yes ☐ No, first time**NECC CERTIFIED TEACHER?**☐ Yes ☐ Not yet**4 QUESTIONS OR ANYTHING WE SHOULD KNOW****SUBMITTED BY****DATE**