

**COOPERATIVE ARRANGEMENTS**  
**COUNTED FOR THE HIGH SCHOOL INSTRUCTIONAL PROGRAM**  
**2023-2024 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