

APPENDIX H4
INDIVIDUAL PROPOSAL FOR FACULTY FLEX DAY
(Article 27 – Calendar)

Foothill-De Anza Community College District

Date(s) of Activity: Friday, April 17 Department: _____

Department Chair: _____

Last

First

Hours of activity to be credited: On-Campus _____ Off-Campus _____

Please note:

- 1. File this form with the Division Dean or appropriate supervisor 5 working days prior to the designated flex/conference day (April 13, 2015).**
- 2. List fellow participants if the flex-day will be used for a collective activity of faculty in the department/division/college/District.**
- 3. Make and retain a copy of this form for your professional records.**

I. Focus of the activity/project:

☒ Division/Department _____ Subject matter/discipline
☒ College _____ Professional enhancement

II. Abstract:

- a) Describe briefly what you will do:
I will participate in the "4th Annual SLO Convocation", in order to further my individual and departmental work on course and program SLO/PLO assessment, reflection, and enhancement.
- b) Specify the results of your activity/project:
 - i) **I will attend the morning session including one of the scheduled workshops.**
 - ii) **Based on the presentation and discussions facilitated at the convocation, I will work with my department to facilitate the completion of assessments for student level outcomes at the course or program level. This may come in the form of completed course-level SLOAC assessment(s), program level PLOAC assessment(s), and/or contribution to the Department's Comprehensive Program Review/**
- c) Identify at least two ways this activity/project benefits students/division/program:
SLO work serves to identify pedagogical aims, and to determine the extent to which these aims are met. These are cornerstones of a reflective teaching practice, and enhance student learning at every level.

III. Approval:

Name: _____ ID #: _____

Last

First

Faculty signature: _____ Date: _____

Full-time _____ Part-time _____

Division/Program _____

Dean's signature: _____ Date: _____

IV. Activity Completed:

Department Chair _____

or Dean signature: _____ Date: _____

Select Compensation:
#Hours _____ (6 max)

☐ PAA/PGA