**APPENDIX H4**

**INDIVIDUAL PROPOSAL FOR FACULTY FLEX DAY**

**(Article 27 – Calendar)**

Foothill-De Anza Community College District

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID #: \_\_\_\_\_\_\_\_\_\_\_

 Last First

Full-time \_\_\_\_\_\_ Part-time \_\_\_\_\_\_

Date(s) of Activity: Friday, April 15\_ Department: \_\_\_ \_\_\_\_\_\_\_

Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First

Hours of activity to be credited: On-Campus \_\_\_\_\_\_\_\_\_\_ Off-Campus \_\_\_\_\_\_\_\_\_

**Please note: This form is only if you will need to cancel a class to attend Convocation.**

1. **File this form with the Division Dean or appropriate supervisor 5 working days prior to the designated flex/conference day (April 15. 2016).**
2. **Make and retain a copy of this form for your professional records.**
3. **Focus of the activity/project:**

\_\_X\_\_ Division/Department \_\_\_\_ Subject matter/discipline

\_\_X\_\_ College \_\_\_\_\_ Professional enhancement

1. **Abstract:**
	1. Describe briefly what you will do:

**I will participate in the "2016 Convocation", in order to further my individual and departmental work on course and program SLO/PLO assessment, reflection, and enhancement.**

* 1. Specify the results of your activity/project:

**i) I will attend the morning session including one of the scheduled workshops. ii) In the afternoon, I will dialogue with faculty in my department to facilitate the completion of assessments at the course and/or program level and/or contribute to the Department’s Annual Program Review Update.**

* 1. 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.**

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III. **Approval:**

Division/Program

Administrator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IV. **Activity IV, Completed:**

Division/Program

Administrator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_