

FLEX/STAFF DEVELOPMENT PROPOSAL

Directions: Please complete and submit to the Instruction Office for consideration **30 days** prior to undertaking the activity. If you cannot meet this time frame, please contact the Flex/Staff Development Committee representative from your area. Please retain documentation (e.g., logs, receipts, agendas, program materials, etc.) and include with evaluation.

Name: <input style="width: 80%;" type="text"/>	Instructional Area: <input style="width: 80%;" type="text"/>	Date of Submission: <input style="width: 80%;" type="text"/>
Contract Faculty <input type="checkbox"/>		Adjunct Faculty <input type="checkbox"/>

This activity is:	Flex <input type="checkbox"/>	Staff Development <input type="checkbox"/>	Both <input type="checkbox"/>
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Title <input style="width: 95%;" type="text"/>	Location <input style="width: 95%;" type="text"/>
Dates	Hours
<input style="width: 80%;" type="text"/>	to <input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	to <input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	to <input style="width: 80%;" type="text"/>

<u>FLEX CREDIT REQUESTED</u>
Hours: <input style="width: 80%;" type="text"/>
Days: <input style="width: 80%;" type="text"/>
Funding: <input style="width: 80%;" type="text"/>

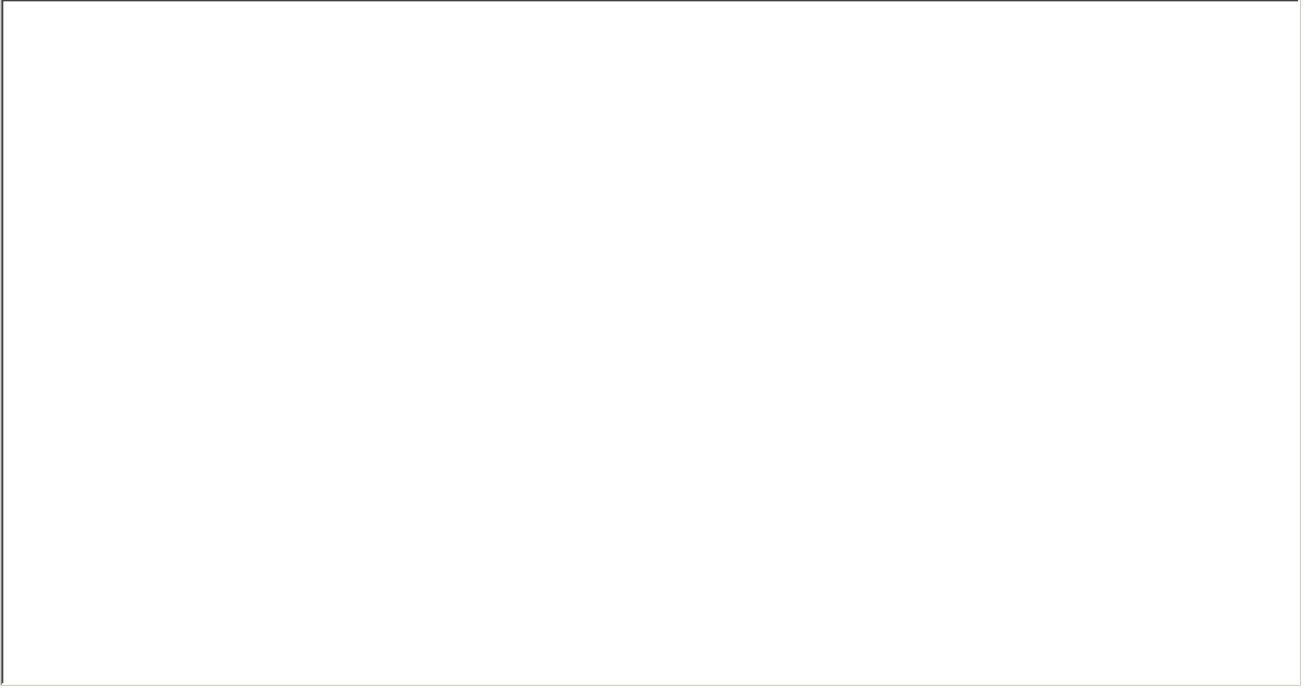
- 1. Check the appropriate state approved flex/staff development activity category(ies)**
- | | | |
|---|--|--|
| <input type="checkbox"/> Training/Inservice/Conferences | <input type="checkbox"/> Campuses Visitations | <input type="checkbox"/> Course Work |
| <input type="checkbox"/> Orientation for New/Adjunct Faculty | <input type="checkbox"/> Matriculation Projects | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Research Pertaining to Institution/Profession | <input type="checkbox"/> Curriculum Development | <input type="checkbox"/> Retraining |
| <input type="checkbox"/> Innovative Development of Instructional or Administrative Techniques | <input type="checkbox"/> Affirmative Action Training | <input type="checkbox"/> Articulation |
| <input type="checkbox"/> Other (Please explain on attached sheet..) | <input type="checkbox"/> Technological Training | <input type="checkbox"/> Grant Writing |
| | <input type="checkbox"/> Improve Teaching | <input type="checkbox"/> Promote Awareness of Own Professional Potential |

- 2. According to the Chancellor's Office, our staff development activities should be related to the mission of the College. Below are abbreviated versions of four of the goals from the COS master plan. Mark all that apply to this activity.**
- a. To promote professional currency and growth.**
 - b. To provide a broad range of rigorous, high-quality, lower-division programs which will prepare students for successful transfer.**
 - c. To provide high quality occupational education for students.**
 - d. To strive for diversity and promote multi-cultural awareness.**
 - e. Other, please state.**

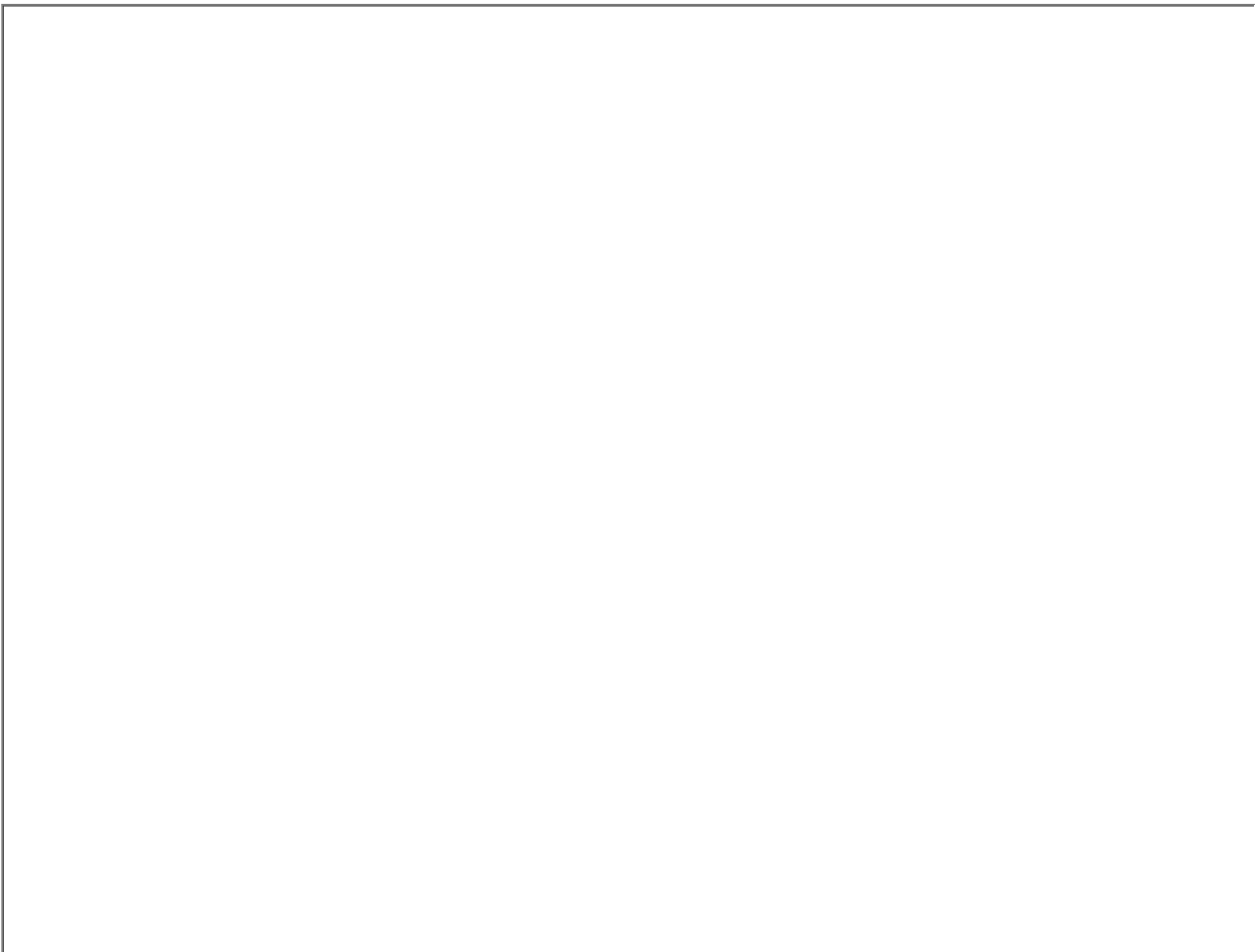
BUDGET IMPLICATIONS -- ESTIMATED COSTS			
Request for Funds:		<input type="checkbox"/> First Request	<input type="checkbox"/> Second Request/Resubmission
Personal Car	\$ <input style="width: 80%;" type="text"/>	Registration Fees	\$ <input style="width: 80%;" type="text"/>
Airfare	\$ <input style="width: 80%;" type="text"/>	Meals	\$ <input style="width: 80%;" type="text"/>
Lodging	\$ <input style="width: 80%;" type="text"/>	Other (Identify)	\$ <input style="width: 80%;" type="text"/>
			Total Estimated Costs:
			\$ <input style="width: 80%;" type="text"/>

<p style="text-align: center;"><u>Activity Approved:</u></p> <p>Flex/ Chair _____ Date: _____</p> <p>Staff Development</p> <p>V.P. Instruction _____ Date: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;"><u>Approved Flex</u></th> <th style="width: 33%;"><u>Approved Staff Dev.</u></th> <th style="width: 33%;"><u>Approved PFE Funds</u></th> </tr> <tr> <td>Hours: _____</td> <td></td> <td></td> </tr> <tr> <td>Days: _____</td> <td></td> <td></td> </tr> <tr> <td>Funds: \$ _____</td> <td>Funds: \$ _____</td> <td>Funds: \$ _____</td> </tr> <tr> <td colspan="2">Total Funds Approved: \$ _____</td> <td></td> </tr> </table>	<u>Approved Flex</u>	<u>Approved Staff Dev.</u>	<u>Approved PFE Funds</u>	Hours: _____			Days: _____			Funds: \$ _____	Funds: \$ _____	Funds: \$ _____	Total Funds Approved: \$ _____		
<u>Approved Flex</u>	<u>Approved Staff Dev.</u>	<u>Approved PFE Funds</u>														
Hours: _____																
Days: _____																
Funds: \$ _____	Funds: \$ _____	Funds: \$ _____														
Total Funds Approved: \$ _____																

3. Describe the activity. Explain in detail.

A large, empty rectangular box with a thin black border, intended for a detailed description of an activity.

4. List direct implications to your professional assignment. Explain in detail.

A large, empty rectangular box with a thin black border, intended for listing direct implications to a professional assignment.

5. In what ways will this activity improve student outcomes? Explain in detail.

6. How could other COS staff benefit from information you obtained? Explain in detail.

7. How does this activity reflect the institutional priorities of:

SLO

Assessment

Retention

Student Success

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-FOR COMMITTEE USE ONLY-

Ratings: 4 = Excellent 3 = Very Good 2 = Fair 1 = Poor 0 = None

1. The potential for improved student outcomes is: _____
2. The potential benefit/interest to other COS staff from the dissemination of information obtained from this activity is: _____
3. The correlation between this activity and institutional priorities is: _____
4. The potential benefit or development to the participant through this activity is: _____
5. When the benefits of the activity are compared to the cost, the ratio is: _____
6. Total Points: _____