

## Full-Time Faculty Development Checklist

### Request to Develop – Faculty Member

#### Is This Checklist for Me?

This form is designed for use by full-time faculty who meet the following criteria:

- Are a full time faculty member at Harper College.
- Have never taught an online or blended course at Harper College.

*(If you don't fit these criteria, contact the Academy for Teaching Excellence to discuss your situation.)*

#### Faculty Information

Name:	Department:
Phone Number:	Email:

#### Course Information

Course ID (e.g. MTH100):	Course Title:
Credit Hours:	Term to be First Offered:

#### Course Type

<input type="checkbox"/> Online – A course without mandatory attendance at any scheduled face-to-face course activities (e.g. no face-to-face orientations, labs, or exams).
<input type="checkbox"/> Blended – A course that takes place 50% or more online. Proposed percentages for the course: _____ % Online                      _____ % Face-to-Face

I hereby request approval to develop the distance course described in this form.

Faculty's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Approval to Develop – Division Dean

I hereby approve the development of the distance course described in this form. The developing faculty understands that a \$2,500 stipend is provided for this process **after the course is taught**.

Division Dean's Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### Recommended Online/Blended Course Development Schedule

Obtain Approval to Develop No Later Than	Course Fully Developed No Later Than	OSCQR Reviews Completed No Later Than	Academy Sign-Off No Later Than	Term of Initial Course Offering
End of September	End of January	End of February	End of March	FALL LAUNCH
End of March	End of July	End of August	End of September	SPRING LAUNCH
End of September	End of January	End of February	End of March	SUMMER LAUNCH

## Course Development Checklist – Faculty Member

### Initial & Date

- \_\_\_\_\_  Fill out the "Request to Develop" section on page 1 of this form.
- \_\_\_\_\_  Discuss the development plan with the division dean and obtain dean signature in the "Approval to Develop" section on page 1 of this form.
- \_\_\_\_\_  Submit a copy of this entire form to the Academy for Teaching Excellence, building F317.
- \_\_\_\_\_  Participate in a course development kickoff meeting with an instructional design specialist from the Academy for Teaching Excellence. You will be contacted by the Academy to schedule your meeting.
- \_\_\_\_\_  Enroll in and successfully complete at least one section of **Teaching Online Successfully (either Create or Facilitate)**, or provide evidence of equivalent training completed within the past 5 years (*for example - [Illinois Online Network's Master Online Teacher Certificate](#)*). Visit the [Academy GEC](#) page for upcoming dates and registration information, or contact the Academy questions.
- \_\_\_\_\_  Develop the new course or (if applicable) request copy of existing materials into your course shell.
- \_\_\_\_\_  Upon completion of development, contact the Academy to begin the set-up of a course design review using the Open SUNY Course Quality Review (OSCQR) rubric.
- \_\_\_\_\_  Complete a course design self-review using the OSCQR rubric. An instructional design specialist will also complete a course design review using the rubric.
- \_\_\_\_\_  Discuss the review results with the instructional design specialist.
- \_\_\_\_\_  At a minimum, review feedback received on Priority 1 standards and address in "Revision Notes" area of the OSCQR rubric.
- \_\_\_\_\_  Have the Academy sign off on this form (below).
- \_\_\_\_\_  Submit this form to the division dean and the division administrative assistant/operations manager as proof of completion and to initiate future stipend processing.

### Course Development Sign-Off – Academy for Teaching Excellence

I certify that the faculty member has completed appropriate professional development, that the course has gone through an OSCQR course design review, and that Priority 1 standards have been addressed. The faculty member has worked with an instructional design specialist to verify that the steps listed on this checklist have been completed.

Instructional Design Specialist's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Teaching, Learning & Distance Education Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### For Division Office Use (OPTIONAL):

- Instructor has taught one semester of the course requested through this form.
- Division Office issued \$2500 stipend to faculty. Date \_\_\_\_\_

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