



COMPLETION OF PROFESSIONAL DEVELOPMENT

NAME _____ ACADEMIC YEAR _____

PROPOSAL APPROVED BY _____ DATE _____

SUBMIT COMPLETED ACTIVITY FORM(S) TO VICE PRESIDENT OF ACADEMIC AFFAIRS BY JUNE 30, 2012.

ACTIVITY <i>For each activity, list the activity here and provide documentation of completion (receipt, agenda, program, hours, etc.) and in your narrative indicate what you did and learned, etc.</i>	CONNECTION TO 2012-2013 PROFESSIONAL DEVELOPMENT GOAL NUMBER*	STATE GUIDE NUMBER** 1 TO 9	DATE COMPLETED	HOURS

CERRO COSO PROFESSIONAL DEVELOPMENT GOALS* 2011-1012

Goal 1 - Increase Student Success

- 1.1 Improve Instruction
- 1.2 Improve Instruction in Distance Education Environments
- 1.3 Improve Classroom Management in Distance Education Environment
- 1.4 Improve Instruction in Basic Skills
- 1.5 Improve Student Support
- 1.6 Improve Student Support with Integrated Technology
- 1.7 Improve Basic Skills Support

Goal 2 - Improve Transparency and Effective Communication

- 2.1 Increased Faculty and Staff Awareness of Sustainable Continuous Quality Improvement
- 2.2 Increase Understanding of Institutional Policies

Goal 3 - Enhance Competency and Workplace Preparedness

- 3.1 Enrich Discipline-Specific, Job-Specific Professional Competence
- 3.2 Increase Awareness of Institutional Policies and Procedures
- 3.3 Improve Workplace Safety and Emergency Preparedness

SUBMIT FORM(S) TO VP OF ACADEMIC AFFAIRS UPON COMPLETION OF ACTIVITIES

STAFF/FACULTY SIGNATURE _____

DATE _____ AMENDED DATE _____

APPROVAL OF HOURS: Yes No

SIGNATURE _____ DATE _____

COMMENTS:

**STATE GUIDELINES
FOR APPROVED FLEX CATEGORIES
LISTED TITLE V SECTION 87153****

1. Improvement of teaching.
2. Maintenance of current academic and technical knowledge and skills.
3. In-service training for vocational education and employment preparation programs.
4. Retraining to meet changing institutional needs.
5. Inter-segmental exchange programs.
6. Development of innovations in instructional and administrative techniques and program effectiveness.
7. Computer and technological proficiency programs.
8. Courses and training which implement affirmative action and upward mobility.
9. Other activities determined by the Board of Governors to be related to educational and professional development pursuant to criteria established by the Board of Governors of the California Community Colleges.



PROPOSAL FOR PROFESSIONAL DEVELOPMENT

NAME _____ ACADEMIC YEAR _____

PROPOSAL APPROVED BY _____ DATE _____

SUBMIT FORMS TO VP OF ACADEMIC AFFAIRS FOR APPROVAL BY AUG 16, 2012

ACTIVITY <i>For each activity, briefly indicate what you will do/learn, how it will be relevant to your professional development. Think in terms of measurable objectives, and how it meets Cerro Coso Professional Development Goals and State Guidelines. Activities relate to staff, student or instructional improvement.</i>	PROFESSIONAL DEVELOPMENT GOAL NUMBER*	STATE GUIDE NUMBER** 1 TO 9	PROPOSED DATE TO BE COMPLETED	HOURS REQUIRED HOURS FOR FACULTY/18

CERRO COSO PROFESSIONAL DEVELOPMENT GOALS* 2012-1013

Goal 1 - Increase Student Success

- 1.1 Improve Instruction
- 1.2 Improve Instruction in Distance Education Environments
- 1.3 Improve Classroom management in Distance Education Environment
- 1.4 Improve Instruction in Basic Skills
- 1.5 Improve Student Support
- 1.6 Improve Student Support with Integrated Technology
- 1.7 Improve Basic Skills Support

Goal 2 - Improve Transparency and Effective Communication

- 2.1 Increased Faculty and Staff Awareness of Sustainable Continuous Quality Improvement
- 2.2 Increase Understanding of Institutional Policies

Goal 3 - Enhance Competency and Workplace Preparedness

- 3.1 Enrich Discipline-Specific, Job-Specific Professional Competence
- 3.2 Increase Awareness of Institutional Policies and Procedures
- 3.3 Improve Workplace Safety and Emergency Preparedness

**SUBMIT APPROVAL FORM TO VP OF ACADEMIC AFFAIRS BY
AUG 16 FOR THE NEXT ACADEMIC YEAR**

STAFF/FACULTY SIGNATURE _____

DATE _____ DATE AMENDED _____

APPROVAL OF HOURS: Yes No

COMMENTS: Hours or Clarification Needed

STATE GUIDELINES FOR APPROVED FLEX CATEGORIES LISTED TITLE V SECTION 87153**

1. Improvement of teaching.
2. Maintenance of current academic and technical knowledge and skills.
3. In-service training for vocational education and employment preparation programs.
4. Retraining to meet changing institutional needs.
5. Inter-segmental exchange programs.
6. Development of innovations in instructional and administrative techniques and program effectiveness.
7. Computer and technological proficiency programs.
8. Courses and training which implement affirmative action and upward mobility.
9. Other activities determined by the Board of Governors to be related to educational and professional development pursuant to criteria established by the Board of Governors of the California Community Colleges.



FACULTY FLEX CONTRACT ACTIVITY SHEET

Use this form for each activity. Submit form to VP of Academic Affairs upon completion of flex contract together with all other activity forms and completed and signed Cover Sheet.

NAME _____ ACADEMIC YEAR _____

ACTIVITY _____

NUMBER OF HOURS _____ DATE _____

LEARNING OUTCOMES

List here specific goals or objectives of the activity. Explain how it was relevant to your professional development (in terms of measurable objectives). If these are provided to you as part of a workshop, webinar, or other structured event, paste them or attach them. If you took part in an activity that has no provided outcomes, create them yourself based on the nature of the event.

CLOSING THE LOOP

Indicate how you plan to implement ideas from the activity to improve student learning. Specify courses, assignments, or class activities. Include a timeline as appropriate.



Cerro Coso Community College



Evaluation of Professional Development Presentation

Use one form for each activity.

Presenter's Name _____ Date _____

Activity _____

Evaluate the Presentation

Clarity:

Conciseness:

Group Involvement:

Take Away Resource:

Applications:

1. Evaluate the impact- Describe here the specific impact and application of the event (Reply to any or all.)

For Student Success:

For the Institution:

For you as a Cerro Coso employee:

2. Action- Describe specifically how this information will be applied (Reply to any or all.)

For Enhancing Student Success:

For Improved Communication/Transparency:

To Enhance Your Workplace Skills/Preparedness:

For Other Professional Development:

Thank You for your participation. Your feedback will be given to the presenter.