

RIVERSIDE COMMUNITY COLLEGE DISTRICT
Associate (PT) Faculty Assessment and Professional Development Hours
Reporting Form

DEPARTMENT: _____ NAME: _____

COLLEGE: _____

BUDGET CODE: _____

Professional Development Hours

(Maximum of 3 hours annually) Hours submitted will be paid at the lab rate for Group 1, Step 1 of the Faculty Hourly Salary Schedule

Date	Time	Activity

PROFESSIONAL DEVELOPMENT ACTIVITY

DESCRIPTION/SUMMARY:

Employee Signature

Date

Professional Development Coordinator

Date

Department Chair Signature

Date

Dean Signature

Date

DEPARTMENT: _____

NAME: _____

COLLEGE: _____

BUDGET CODE: _____

Assessment Hours

(Maximum of 3 hours annually) Hours submitted will be paid at the lab rate for Group 1, Step 1 of the Faculty Hourly Salary Schedule

Date	Time	Activity

ASSESSMENT ACTIVITY

Date input into Trac Dat: _____

Course: _____

SLO # Assessed: _____ Total # of hours to complete _____

Self-Reflection or Summary of Activity (Attach if necessary)

Employee Signature

Date

Assessment Coordinator

Date

Professional Development Coordinator

Date

Department Chair Signature

Date

Dean Signature

Date

DEPARTMENT: _____

NAME: _____

COLLEGE: _____

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OPTIONAL PAGE
FOR USE BY PROFESSIONAL DEVELOPMENT COORDINATORS

PROFESSIONAL DEVELOPMENT EVENT/ACTIVITY CATEGORY:

_____ Course instruction and evaluation, including assessment

_____ Staff development, in-service, and instruction improvement

_____ Program and course curriculum or learning resource development and evaluation (e.g. Program Review Training, curriculum review)

_____ Student personnel Services

_____ Learning resource services

_____ Student advising, guidance, orientation, matriculation services, and student, faculty, and staff diversity training

_____ Department or division meetings, conferences, and workshops and institutional research

_____ Other activities as assigned by the District

_____ Other activities that contribute to the improvement of instruction, administration, or student services