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Faculty Liaison Syllabus Review Form   
(for use during observation visit, submit with observation visit form)

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| SYLLABUS & Course Alignment review checklist | | |
| CAP Instructor Name: |  | CAP Course: |
| CAP Partner School: |  | |

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|  | Course number, description, instructor name, college and instructor contact information present. |
|  | Syllabus reflects correct school year/term. |
|  | Course description is accurate. |
|  | If a specific text is required, that information is present. |
|  | Course learning outcomes are accurate. |
|  | Program learning outcomes are accurate. |
|  | Syllabus is clear on how USI grade will be calculated and what is not to be included in the USI grade. If late work is accepted for the high school grade, it should be clear under the USI course section if late work is accepted. |
|  | Do the attendance, late work and make-up policies reflect departmental requirements? If no departmental policy exists, is the instructor’s policy appropriate for a college course? |
|  | Grading scale for USI course is clearly delineated from the high school grade and meets the departmental **minimum** requirements (higher grading scale is permitted). |
|  | Instructor is aware of any final exam requirements for course. Does the syllabus state that the USI final is required even if the high school final may be exempted? |
|  | Notes: |
|  | Syllabus reflects assessment components/methods required by the department, and the instructor is aware of any assessment formats that the department does not condone. |
|  | Notes: |
|  | If the course is included in Core 39: assessment is mentioned and Core 39 category is identified. |
|  | Notes: |
|  | Dual credit high school policy statement is present. |
|  | Information about the USI student and CAP student handbook is present. |
|  | Information about ADA is present. |
|  | Information about Title IX is present. |

Faculty Liaison Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Liaison Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*if submitting electronically, include digital signature*)