**Discipline-Specific**

**Orientation Checklist for**

**New CAP Instructors**

Faculty liaisons should use this checklist to ensure that a new CAP instructor is aware of departmental expectations, protocol, and philosophy. This checklist must be completed and submitted to the CAP Office before an instructor offers a course for USI credit.

Instructor Name: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Explain the role of liaison to the instructor
* Discuss specific course objectives
* Discuss any discipline-specific philosophies and/or pedagogy for the course
* Explain Core 39 assessment requirements (when applicable)
* Provide instructor with a copy of the syllabus template (also send electronically for editing)
* Discuss requirements and expectations for the syllabus, setting a date that the edited template should be returned for approval
* Explain textbook considerations and requirements
* Provide the course grading scale and discuss grading standards
* Review and discuss the rigor of assignments/assessments, assuring standards of achievement match what is expected in on-campus sections
* Discuss final exam requirements, ensuring instructor knows when final exam will be administered
* Discuss CAP course length (circle all that apply): Fall Spring Yearlong

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Faculty Liaison Signature Date

*I agree that the above information has been conveyed. I agree that new CAP instructors are paid $25/hr for CAP New Instructor Orientation (pending a completed tax packet submitted within 72 hours of the orientation session).*

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Instructor Signature Date

**New Instructor Syllabus Review**

Liaisons: Please complete this section after you have reviewed and approved the new CAP instructor’s syllabus for this course:

Date syllabus reviewed/approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time spent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*CAP Office Use Only*

☐ Instructor/school notified of CAP acceptance on following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
☐ Stipend created and sent for processing on following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Rev. 7/2020*