Learning Group Program Information

An opportunity to share ideas
Learning groups offer faculty the opportunity to collaboratively pursue an activity that leads to the improvement of the institution. The activity should lead to one or more of the following: 1) staff improvement 2) student improvement and/or 3) instructional improvement.

Faculty may participate in two learning groups per academic year not to exceed 49.5 hours total. The program allows the faculty participants to determine the number of flex hours required for the group’s activity (up to 49.5 hours per year). These hours will be earned through reading, group discussion, and other activities the group may determine are worthwhile.

From four to twelve faculty (full and or part-time) may form a learning group. Initially, a Members and Project Plan Form (page 2) must be completed and submitted to the Professional Development Faculty Coordinator for pre-approval. At the completion of the group’s activities, each member must fill out an individual participation form.

The learning groups are expected to meet together at the same time to fulfill the requirements of the program. The number and duration of the discussion sessions will be set by the group. A record of these meetings must be kept by each group member. Each group member will submit the “Tracking the Learning Group Form” (see page 2) to Professional Development at the conclusion of the group.

Semester-by-semester groups
Ideally, a learning group should form and finish within one semester. A group may request a renewal for the next semester.

Forming A Learning Group

**Step One** - The first step establishes the learning group and informs the Professional Development Office of its existence. This step names the group members and establishes the texts or materials needed for the group’s activities.

**Step Two** - The second step tracks the learning group throughout its duration. This step provides an accounting to the Chancellor’s Office for flex hours. Those hours will be awarded at the close of the group’s activities.

For more information, call Carol Stanley-Hall at the Professional Development Office, 895-2543

Please print clearly - Copy and return this form to Professional Development Office now. See information above.

**Learning Group Program Step 1 – Members and Project Plan**

This Learning Group is for: ☐ Fall ☐ Spring ☐ Yearlong 2011-12

Names (from 4-12 group members)

1. ___________________________ Dept. ___________________________
2. ___________________________ Dept. ___________________________
3. ___________________________ Dept. ___________________________
4. ___________________________ Dept. ___________________________
5. ___________________________ Dept. ___________________________
6. ___________________________ Dept. ___________________________
7. ___________________________ Dept. ___________________________
8. ___________________________ Dept. ___________________________
9. ___________________________ Dept. ___________________________
10. ___________________________ Dept. ___________________________
11. ___________________________ Dept. ___________________________
12. ___________________________ Dept. ___________________________

Purpose of the Learning Group:

____________________________________________________________

________________________________________________________________________________

Proposed text: ___________________________

Estimated flex hour commitment: _______ hours.

Date received in PDO ___/___/___  Approved by: ________________________  Revised: 6/14/2011
Learning Group Program Step 2 – Tracking the Learning Group

Each group member must fill out a separate form as the partnership progresses. See info page.

Your Name: _________________________   Dept/Workplace: ____________________   Phone: ____________________

ID/SSN#: _________________________   ☐ Full-time Faculty   ☐ Associate Faculty   ☐ Classified Staff   ☐ Mgmt

Learning Group was for: ☐ Fall   ☐ Spring   ☐ All year of 20__ - 20___ academic year.

Group Names: ___________________________________________________________________________________

Please maintain a record of contacts made during the Learning Group.

<table>
<thead>
<tr>
<th>Date</th>
<th>Nature and content of visit (attach pages if needed)</th>
<th>Time Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Overall evaluation of the experience: ____________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Recommendations for future action: ______________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Date ___/___/______

Your Signature

Flex Hours Requested __________

Deliver completed forms to the Professional Development Office.

For Professional Development Office Use Only

Flex Hours Awarded ____________

Approved by Professional Development Coordinator Date ___/___/______