

# Portland Community College Dual Credit Course Assessment Form

High School: \_\_\_\_\_ Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

High School Course Name: \_\_\_\_\_

Equivalent PCC Course: \_\_\_\_\_ Credits: \_\_\_\_\_

## OBSERVATION WITH COURSE ASSESSMENT

Use this rating system for the following course assessment:

- 1 Unsatisfactory: Does not meet PCC's requirements.
- 2 Standard: Consistently meets accepted standards.
- 3 Exemplary: Consistently exceeds accepted standards.

RATING	CRITERIA
<b>SYLLABUS</b>	
	Syllabus posted on PCC Dual Credit Wiki Space? [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No Syllabus provided at visit? [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No Course content matches PCC's? [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No Syllabus is approved? [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No <u>Rationale/ Comments:</u>  
<b>TEXTBOOK</b>	
	Title: Edition: _____ Date Published: _____ Author: Approved textbook used? [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No <u>Rationale/Comments:</u>  
<b>COURSE DELIVERY METHOD</b>	
	PCC required applications and software used? [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No Number of contact/lecture/lab hours match? [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No <u>Rationale/Comments:</u>  

**PCC Faculty Liaison Comments:**

**PCC Dual Credit Instructor Comments:**

**The liaison and the Dual Credit instructor are required to sign and date this form at the conclusion of the site visit.**

I have visited the Dual Credit instructor at the high school and date noted above. The information on this form is correct.

I affirm that **students in this class are held to the same standards** of achievement, grading and are assessed using the same methods as student in on-campus courses.

I certify that the **pedagogical, theoretical, and philosophical approach in the Dual Credit course is consistent with the college course taught at PCC.**

The **course is not substantially the same.** The following recommendations must be implemented to continue offering articulation of this course:

Follow-up will be:

The **course is not substantially the same and I do not recommend continuing the articulation** of this course at the high school.

**PCC Faculty Liaison:** \_\_\_\_\_  
Print Name                      Signature                      Date

I have reviewed the comments written by the PCC Faculty Liaison and acknowledge the liaison's site visit on the specified date above.

**PCC Dual Credit Instructor:** \_\_\_\_\_  
Print Name                      Signature                      Date

PCC Dual Credit Instructor Email: \_\_\_\_\_

PCC Dual Credit Instructor Direct Line: \_\_\_\_\_