**Discipline-Specific Orientation Checklist for**

**New CAP Instructors**

**CAP 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. **Liaisons also should provide the CAP Office with copies of any other materials used during orientation (e.g., curriculum mapping, sample assessments, Core 39 key assignment, scholarly articles).**

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

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

* Explain the role of liaison to the instructor
* Discuss specific course objectives; discuss discipline-specific philosophy and/or pedagogical approaches
* Explain Core 39 assessment requirements and timing (when applicable)
* Provide instructor with digital and hard copies of the syllabus template
* 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 who is responsible for creating it and 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. If my completed tax packet is submitted within 72 hours of the orientation session, orientation is paid at the rate of $25/hour.*

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Instructor Signature Date

**Liaisons: New Instructor Syllabus Review**

Please complete this section after you have reviewed and approved the new instructor’s syllabus.

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. 3/2025*