

VP of AA Return via Courier Mail to: Deborah L. Harrington, Dean Office of Student Success 7th Floor LACCD District Office 770 Wilshire Blvd. Los Angeles, CA 90017	Please secure the following approvals: <hr/> <p style="text-align: center;">Faculty Partner's Signature*</p> <hr/> <p style="text-align: center;">VP of Academic Affairs Signature**</p>
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Los Angeles Community College District
FACULTY TEACHING AND LEARNING ACADEMY (FTLA)
Application for Winter/Spring 2018

Note: Grey boxes will expand as you type.

NAME _____

DEPARTMENT _____

CAMPUS _____

OFFICE PHONE _____

EMAIL _____

DATE YOU BEGAN TEACHING IN YOUR DEPARTMENT _____

ADJUNCT, FULL-TIME, TENURE-TRACK OR TENURED?

What, if any, teaching experience have you had prior to coming to the LACCD?

What are your major concerns as a new or experienced faculty member in the LACCD?

Have you participated in a previous Teaching/Faculty Institute or Teaching Methodologies Course? If so, briefly describe and comment.

Briefly describe how and why you incorporate instructional technologies into your classes.

What are the benefits you hope to achieve from participation in the FTLA?

Who is your Faculty Partner for the Academy and what do you feel your partnership will achieve during your FTLA experience and beyond?*

All applicants need to commit to the following:

I agree to attend all sessions during the Winter/Spring 2018 FTLA. Sessions will take place January 10, 11, 12, 17, 18, 19, 25 & 26; February 23; March 23; April 20, May 11. *Note: FTLA will be located at Los Angeles City College.* All sessions begin at 9 a.m. with a light continental breakfast starting at 8:30am. January sessions will end at 3p.m. and include lunch.

I agree to submit a revised syllabus and drafts of assignments/lessons at the end of the FTLA. I agree to use this syllabus and assignments/lessons in a future LACCD course.

I agree to submit a Peer Teaching Observation and Reflection at the end of the FTLA.

I agree to submit a Teaching Philosophy Statement at the end of the FTLA.

I agree to submit a Team Project that will subsequently be presented by my Partner and I at Departmental Council, Opening Day, or other professional meeting at our local campus.

I agree to attend one follow-up meeting in Fall of 2018 (date and time TBA) to discuss results of Team Project, syllabus, and assignments/lessons implementations.

I am willing to help my colleagues by offering consultation or presentations on any innovations I have been successful at implementing.

Signature of Applicant

Date

If you would like to receive 3 Units of Credit Applicable to Step Advancement, please apply to the LACCD at: <http://www.lacolleges.net/> (Check *Mission Campus* as the location).

FTLA APPLICATIONS ARE DUE TO YOUR VICE PRESIDENT OF ACADEMIC AFFAIRS ON OR BEFORE November 27, 2017.



***Regarding Faculty Partners:** Please submit your application regardless of whether you have secured a faculty partner. State that you do not have a faculty partner, then describe what you feel you will get out of partnering with a faculty member over the course of FTLA.

****Regarding Signatures:** Your Vice President of Academic Affairs must either sign a hard copy of your application and forward to the LACCD Office of Student Success or must personally forward your application electronically to Deborah Harrington at harrindl@email.laccd.edu.