Innovation in Technology Teaching Award Application Form

First Name: Last Name:

College: Teaching Discipline:

Email: Full-time   Adjunct

PROJECT INFORMATION

Project Title (short, creative and on point)

1. One paragraph focused summary description. Please be creative. Include who, what, why, and how. Also, include how your project is innovative.

2. How will your project integrate technology or innovation to enhance your teaching strategies?

3. What are the expected objectives for students and/or faculty (What problem do you hope to solve or what do you hope to change)?

4. Describe/list the implementation timeline for your project.

5. How will you assess and/or evaluate the success of your project?

6. Describe how your project will enhance the experience in your classroom for diverse student populations.

7. **Describe** the effect your project will have on student learning by responding to a. and b. below.

a) Discuss the specific impacts to **student performance and/or achievement of learning outcomes**, etc. Be **specific** in your examples.

b) What over-arching impact do you hope your project will achieve? (Include number of students to be impacted, number of courses, number of departments/campuses, etc.)

8. Describe how you anticipate other faculty at your College or throughout the District will use the concepts of your project in other disciplines.

9. How will your project be sustained after grant funds have been depleted? What type of activities and/or support might be needed to sustain your project, if applicable?

10. What support will be required from other departments to support the implementation of your project?

11. How will the results of your project be applied beyond the grant award cycle?

APPROVAL SIGNATURES

This form must be printed, signed, and approved by each individual listed below prior to the submission of this application. Once approval is received, please scan and send to InnovationInTeaching@iecc.edu.

Applicant   Date

Dean of Instruction   Date

Director of IT   Date