YOUNGSTOWN STATE UNIVERSITY
college
CREDIT PLUS

Academic Oversight Plan & Report

YSU Course: _____

Academic Year: _____

CCP Mentor: _____

Dept. Chair: _____

PLAN: Review and amend activities in the **PLAN** column, sign, and return by Oct 15.

REPORT: Update the form in the **REPORT** column, documenting activities, sign and return by June 17.

Retain the original for department files.

Plan	Report
Course evaluations are emailed to students in qualified sections by HR.	**Copy of results sent to instructor on _____.** OCAT receives a copy of results from HR.
Professional development activities: • Teachers being mentored _____ # • Roundtable meetings: _____ # • Graduate credit workshops: _____ # • Discussion via phone, blackboard, Skype or other electronic messaging service _____ # • Other:	**Professional development activities completed:**
Site visits to CCP instructors: • To new? ____ #Yes ____ #No • To existing? ____ #Yes ____ #No • Do you plan to use technology in lieu of a physical site visit?	**How many visits made?** For each visit, please submit a copy of the school visit form, and provide feedback to the teacher
Additional oversight activities planned:	**Additional oversight activities completed:**

Plan—DUE OCTOBER 15	Report—DUE JUNE 17
CCP Mentor Signature: _____ Date: _____ Department Chair Signature: _____ Date: _____	CCP Mentor Signature: _____ Date: _____ Department Chair Signature: _____ Date: _____

Send copy of form by email to ccp@ysu.edu **or** campus mail to CCP c/o Office of College Access and Transition, Lincoln Bldg, room 212

Questions: Contact Sharon at x2445 or sjschroeder@ysu.edu

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