

**Prospective Learning Communities Team Form**  
**Delaware Technical Community College**

**Team Members:** Please list the names of the team members and indicate if team members have completed learning communities training and describe the role of the Support Instructor.

- |          |                    |        |        |
|----------|--------------------|--------|--------|
| 1. _____ | Completed training | ___Yes | ___No* |
| 2. _____ | Completed training | ___Yes | ___No* |
| 3. _____ | Completed training | ___Yes | ___No* |
- (Support Instructor)

**Support Instructor's role** \_\_\_\_\_  
\_\_\_\_\_

\*Team members who have not completed training are encouraged to participate in the next available training opportunity.

**Proposed topic** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(May attach an additional page if necessary)

**Please list the courses to be included and preliminary ideas of at least one integrated assignment.**  
**Note: At least 3-5 integrated assignments are required by the end of development.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Semester:**     \_\_\_Fall                             \_\_\_Spring                             \_\_\_Summer  
(Note: Fall submission deadline is November 1st. Spring and/or Summer deadline is May 1st.)

**Target Population:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Please list any request for funds for an activity, trip or event (\$ \_\_\_\_\_)**

**\*(Funds will only be provided based on approval and availability.)**

\_\_\_\_\_  
Submitted by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved, sufficient pool

\_\_\_\_\_  
Disapproved, insufficient pool

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
date

\_\_\_\_\_  
Approved, sufficient pool

\_\_\_\_\_  
Disapproved, insufficient pool

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
date

\_\_\_\_\_  
Approved, sufficient pool

\_\_\_\_\_  
Disapproved, insufficient pool

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
date

\_\_\_\_\_  
Recommended

\_\_\_\_\_  
Not recommended

\_\_\_\_\_  
Collegewide LC Coordinators

\_\_\_\_\_  
date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Disapproved

\_\_\_\_\_  
Dean of Student Services

\_\_\_\_\_  
date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Disapproved

\_\_\_\_\_  
Dean of Instruction

\_\_\_\_\_  
date