



# Curriculum Development (CD02) Checklist

Instructor: Nancy Carman		Coach: Nadine Schreiter	Date: 6/6/2014
Course Number: 10-530-177		Course Title: Healthcare Stats & Research	
<b>COURSE OUTCOME SUMMARY</b>			
<b>YES</b>	<b>NO</b>	<b>COURSE INFORMATION</b>	<b>Comments</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Course Number:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Course Title:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Course Description:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Total Credits:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Total Hours:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Types of Instruction:	
		<i>In Person</i> <i>ACCEL</i> <i>Online</i> <i>Internship</i> <i>Blended</i> <i>Flex Lab</i> <i>ITV</i> <i>Tele-courses</i> <i>Independent Study</i>	<i>Print-based Correspondence</i> <i>Computer-Delivered</i> <i>Computer-Conferencing</i> <i>Satellite Video Conference</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Instructional Level:	10 – Associate Degree 30 – Short-Term Technical Diploma 31 – 1yr Technical Diploma 32 – 2yr Technical Diploma See WTCS AID CODES for others
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Career Cluster (if applicable):	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pre/Corequisites:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Textbooks:	<i>Title – Author – ISBN</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Learner Supplies:	<i>Items student must purchase or have to complete course.</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grading Information:	<i>Grading Scale Grading Rationale</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Guidelines:	<i>Enter course-related guidelines (not LTC Required). LTC Supplies the following: Proprietary Notice &amp; Limited Use, Concealed Weapons, ADA, Student Conduct Code</i>
<input type="checkbox"/>	<input type="checkbox"/>	Custom Fields: (If applicable)	Pre-populated with LTC Required Guidelines
<b>YES</b>	<b>NO</b>	<b>RELATED OUTCOMES</b>	<b>Comments</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Core Abilities:	<i>Verify with Qualifier – Introduced, Reinforced, or Assessed</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Program Outcomes:	<i>Verify with Qualifier – Introduced, Reinforced, or Assessed</i>
<input type="checkbox"/>	<input type="checkbox"/>	External Standards: (If applicable)	
<b>YES</b>	<b>NO</b>	<b>COURSE COMPETENCIES</b>	<b>Comments</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Course Competencies:	<ul style="list-style-type: none"> <li>• <i>Include: Domain, Level</i></li> <li>• <i>Include 3 to 6 competencies per credit</i></li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Performance Standards:	<ul style="list-style-type: none"> <li>• <i>Assessment Strategy: List Assessment strategy/evidence "how;" – utilize drop-down menu</i></li> <li>• <i>Criteria: List Criteria – use consistent Criteria Lead-In from drop-down menu to qualify the assessment strategy named</i></li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Learning Objectives:	• <i>2 to 10 per competency</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linked Outcomes:	• <i>Competency linked to Program Outcomes</i>



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			<ul style="list-style-type: none"> <li>Competency linked to Core Abilities</li> </ul>
<b>LEARNING PLANS</b>			
<b>YES</b>	<b>NO</b>	<b>COURSE LEARNING PLANS</b>	<b>Comments</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Target Competency:	<ul style="list-style-type: none"> <li>Learning plan is linked to at least one competency</li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Overview/Purpose:	<ul style="list-style-type: none"> <li>Explains the importance of the competency(ies) to the learner;</li> <li>Learning plans cover all course competencies</li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Learning Activities:	<ul style="list-style-type: none"> <li>Includes a series of activities that help learners master the competency or group of related competencies;</li> <li>Activities relate directly to the learning objectives or core abilities</li> <li>Move the learner through the learning cycle of motivation, comprehension, practice, application</li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Assessment Activities:	<ul style="list-style-type: none"> <li>List assessment activity(ies)</li> <li>Identify Cycle(s)</li> <li>Assessment(s) show direct relationship to identified competencies and their performance standards</li> </ul>
<b>SYLLABUS – Complete After Course is Approved &amp; Active</b>			
<b>YES</b>	<b>NO</b>	<b>SECTION INFORMATION</b>	<b>Comments</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Syllabus Title (e.g. 10-555-555 Fall 2012)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Section Number	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Start Date & End Date	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meeting Times	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Location	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Course website (if applicable)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Additional Class Information (if applicable)	
<b>YES</b>	<b>NO</b>	<b>INSTRUCTOR INFORMATION</b>	<b>Comments</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Instructor Name	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Instructor Email Address	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Instructor Office Phone	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Office Location	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Instructor Office Hours	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Additional Instructor Information (if applicable)	
<b>SCHEDULE</b>			
<b>YES</b>	<b>NO</b>	<b>Schedule Includes:</b>	<b>Comments</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Week (LP), Activities/Assessments	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Due Dates	<i>* Will vary based on when course is offered. All assignments and assessments due prior to start of next learning Plan.</i>
<b>General</b>			
<b>YES</b>	<b>NO</b>	<b>SPELL CHECK</b>	<b>Comments</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spell check completed	
<b>Additional Comments/Notes:</b>			



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