Professional Development Funding Requests Evaluation Rubric

| Description O Doint 1 Doint 2 Doints Total | | | | | |
|---|---------------------------|-----------------------------|-----------------------------|-------|--|
| Description | 0 Point | 1 Point | 2 Points | Total | |
| Detailed description on how the | Applicant provided little | Applicant provided some | Applicant provided | | |
| proposed activity will support at least | evidence this request | evidence this request | detailed evidence this | | |
| one of the SCC strategic objectives; a) | meets one of the SCC | meets one of the SCC | request meets one of the | | |
| foster excellence in learning, | objectives to support | objectives to support | SCC objectives to support | | |
| b)maximize student access and success, | approval of funds. | approval of funds. | approval of funds. | | |
| c) strengthen community connections | | | | | |
| or d) optimize resources | | | | | |
| Proposal meets one or more of the | Meets none of the | Meets at least one | Meets more than one | | |
| Chancellor's office authorized uses for | authorized uses. | authorized uses. | authorized uses. | | |
| PD funds | | | | | |
| Must have scored at least 3 points total between the first two items to continue with evaluation. | | | | | |
| Identified as a professional | Applicant has not | Applicant provided some | Applicant has provided | | |
| development priority | provided evidence that | evidence that this | evidence that this | | |
| | this activity is priority | activity is a priority need | activity is a substantial | | |
| | need | | priority | | |
| Itemized costs clearly documented | Costs are not clearly or | Costs included but at | Cost correctly completed | | |
| | completely documented | least one item requires | all required forms and | | |
| | | follow-up | itemized costs | | |
| Brochure included with all relative | No relevant | Brief description of | Complete/clear | | |
| information for proposed activity | documentation provided | activity provided but | description of the activity | | |
| | | missing detailed clarity | provided with details | | |
| Previously approved PD funding | Applicant already | Applicant has received | Applicant has not | | |
| | received funding in this | funding in this fiscal year | received funding in this | | |
| | fiscal year | but has substantial need | fiscal year | | |
| | Amount: | for this activity | | | |
| Event is offered by other means | Applicant opportunities | Applicant demonstrated | Applicant demonstrated | | |
| | to complete this PD | the need to travel for | that this is the best | | |
| | activity at a lesser cost | activity even if offered in | option available | | |
| | | a less expensive format | | | |
| Collaboration | Activity benefits the | Activity benefits the | Activity provides campus | | |
| | individual | individual plus student | wide benefits | | |
| | | and/or others at SCC | - | | |
| Bonus points (2)- applicant has pr | esent previous PD fund | | Total Points: | | |
| | | | | | |
| on campus | | | l | | |

Scoring:

9-16 points = Approval

0-6 points = Denied

Faculty Name: _____

| Grant [] Approved [] Denied | Date approved/denied: | Grant number: |
|-------------------------------|--|---------------|
| Amount approved | Additional information required (specify): | |
| Date applicant notified | If denied, reason for denial: | |

⁷⁻⁸ points = Additional information required for approval

Signature of Professional Development Coordinator