Los Angeles Harbor College promotes lifelong learning for all. To support this goal, the FLEX committee encourages continuous learning to ensure that employees are prepared to meet the needs of students now and in the future. Please submit your project proposal by filling in Section I & II of this form, obtain Chairperson’s signature and send it to the Professional Development Coordinator. To receive FLEX hours, please submit two weeks prior to project.
Keep a copy for your records.

Faculty Name: ____________________ Department/Division: _______________ Date: ________________

Individual FLEX Project Title: ______________________________________________________________

Date of proposed project_____________________

SECTION I: Please complete this section completely.
1. Describe your project with timeline.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

2. How does this project improve instruction and foster student success.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

3. Describe planned outcomes and explain how you will assess the success of this activity.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

4. How do you plan to share your project outcomes?
   □ Presentation to Colleagues: When/Where: ___________________________________
   □ Other:__________________________________________________________________________

The total number of hours needed to complete this proposal are ______ hours

I will complete the above project and submit the necessary forms for credit.
Faculty Signature: ________________________________ Date: _______________________

Section II: Division chairperson review and approval for the above Individual Proposal:
Chair Comments and recommendations:

Division Chair Signature: _________________________________________ Date: ________________
Faculty Name: ____________________ Department/Division: _______________ Date: ________________

Faculty Individual FLEX Project Title: ____________________________________

Section III: Documentation of Individual Faculty FLEX hours from the above project:
Please type your responses. If necessary, use additional pages. Thank you.

1. Provide a short summary of your completed Individual FLEX project.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

2. Assess outcomes of this activity by reflecting on what changes you have or will make in your instruction. How will this activity promote student success?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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3. Describe how you will share your project outcomes.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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__________________________________________________________________________________________

The total number of hours claimed to complete the project from the original proposal are _______ hours

Faculty Signature: ____________________ ______________________ Date: ____________________

Professional Development Coordinator use only:
Date Final Summary of FLEX Report Received:_______ FLEX hours awarded: _____________

Professional Development Coordinator Signature: ______________________________ Date: ___________