Speech Designation Recertification Form

Use this application only to recertify a Speech course that was previously certified with the Speech designation. Do not use this form if you are seeking a Speech designation for the first time. Any course needing a Speech designation for the first time must use the Application for New Speech Designation form.

Speech certifications are valid for a period of five years. To retain the Speech designation, an application for recertification must be submitted every five years. All courses approved for the Speech designation meet the General Education Speech requirement for graduation from Honolulu Community College.

Application Date

03 / 19 / 2016

03 19 2016

Applicant Name

Kara Kam-Kalani

E-mail/Phone

kamkara@hawaii.edu

Course Number and Title

SP 151: Personal and Public Speaking

What is the minimum number of required speech assignments in the course?
What percent of the student's final grade is a function of oral communication activities?

- 40% or more

Is oral communication training provided with each assignment?

- Yes
- No

Do students receive feedback regarding their performance on each oral communication assignment?

- Yes
- No

Is instructor feedback provided to individual students or groups? (Note: If individual students receive feedback, enrollment shall be limited to 20 students; If groups receive feedback, enrollment should be limited to 30 students)

- individual students
- groups

Are Student Learning Outcomes (SLOs) being assessed in this course?

- Yes
- No
What forms of assessment are being used in this course?

- [x] Knowledge Surveys
- [x] Embedded questions on assignments or exams
- [x] Performance evaluations
- [ ] Other: .................................................................

Are assessment results being documented and used to improve student learning?

- [ ] Yes
- [ ] No

For administrative use only

Applicants: Scroll to bottom and click 'Submit'

Reviewer 1: Name

Fumiko Takasugi .................................................................

Reviewer 1: Decision

- [x] Approve
- [ ] Disapprove

If disapprove, please provide explanation below.

........................................................................................................
........................................................................................................
Date

04 / 01 / 2016

Reviewer 2: Name

Mitchell Okamura

Reviewer 2: Decision

☑ Approve

☐ Disapprove

If disapprove, please provide explanation below.

Date

04 / 01 / 2016

Reviewer 3: Name
Reviewer 3: Decision

☑  Approve
☐  Disapprove

If disapprove, please provide explanation below.

Date
MM  DD  YYYY
04 / 01 / 2016

Final Decision
☑  Approved
☐  Not Approved

Date of Final Approval
MM  DD  YYYY
04 / 01 / 2016

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