

## **Request for Multimedia Development/Teaching**

Name \_\_\_\_\_ Date Submitted for Review \_\_\_\_\_

Course Number & Name \_\_\_\_\_

Chair Support (initials) \_\_\_\_\_

### **I have had a consultation with representative of Academic Services.**

(It is suggested that you schedule a meeting with the Director of Academic Services and/or the Multimedia Specialist who will help you complete the Request Summary below. We will discuss the following: project feasibility, goals, outcomes and outcome measurement, sketch out the project and estimate a timeline).

Date \_\_\_\_\_ Instructor Initials \_\_\_\_\_ Director (Ac. Services) initials \_\_\_\_\_

This resource will be shared with faculty throughout SDM:  Yes  No

### **Request Summary**

(Please indicate what you'd like to develop, how you will use it to teach and what you expect it to accomplish, how students will use it, and how it fits into your overall instructional plan for this course. You may attach your description.)

### **Outcome Assessment**

(Please explain how you will determine whether this tool has affected student learning in your course, across the discipline and how. You may attach your description.)