**GENERAL EDUCATION COMPETENCIES**

**Response Form**

**Please complete the information below:**

**FACULTY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COURSE TITLE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Will you complete an assignment or assignments this semester that reflect the Communication Skills, Critical Thinking Skills, Empirical and Quantitative Skills, Teamwork, Social Responsibility, or Personal Responsibility competencies (**YES or NO**)? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you **will** submit student assignments, please provide the following information:

* Date Assignment/s will be Available (A reminder will be sent) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Competency or Competencies Addressed by Assignment/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please state “Yes” beside the bullet that indicates how you would like to participate:
  + Send student work to West Campus to be Copied and Returned (Allow 48 hours):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Send student work to West Campus (Does Not Need to Be Returned):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Allow Assessment’s Coordinator Access to My AC Online Course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + I Will Copy/Scan the Student Work and Send All Student Work to Assessment’s Coordinator:\_\_\_\_\_\_
  + If I am Sent a List, I Will Send Copy/Scanned Work for All Selected Students:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Special Arrangement Needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you need any assistance (e.g. access to video cameras for speeches)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMENTS OR QUESTIONS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please return this completed form to Kristin McDonald-Willey, Assessments Coordinator through either e-mail or campus mail.**

* **E-mail:** [**kmw@actx.edu**](mailto:kmw@actx.edu)
* **Campus Mail: Kristin McDonald-Willey, West Campus, Building A**

**Thank you for your cooperation!**