



# Academic Oversight Plan & Report

YSU Course: \_\_\_\_\_ CCP Mentor: \_\_\_\_\_

Academic Year: \_\_\_\_\_ Dept. Chair: \_\_\_\_\_

**PLAN:** Review and amend activities in the **PLAN** column, sign, and return by Oct 15.

**REPORT:** Update the form in the **REPORT** column, documenting activities, sign and return by June 17.

**Retain the original for department files.**

Plan	Report
Course evaluations are emailed to students in qualified sections by HR.	<b>Copy of results sent to instructor on</b> _____. OCAT receives a copy of results from HR.
<b>Professional development activities:</b> <ul style="list-style-type: none"> <li>• Teachers being mentored ____ #</li> <li>• Roundtable meetings: ____ #</li> <li>• Graduate credit workshops: ____ #</li> <li>• Discussion via phone, blackboard, Skype or other electronic messaging service ____ #</li> <li>• Other:</li> </ul>	<b>Professional development activities completed:</b>
<b>Site visits to CCP instructors:</b> <ul style="list-style-type: none"> <li>• To new? ____ #Yes ____ #No</li> <li>• To existing? ____ #Yes ____ #No</li> <li>• Do you plan to use technology in lieu of a physical site visit?</li> </ul>	<b>How many visits made?</b>  For each visit, please submit a copy of the school visit form, and provide feedback to the teacher
<b>Additional oversight activities planned:</b>	<b>Additional oversight activities completed:</b>

Plan—DUE OCTOBER 15	Report—DUE JUNE 17
CCP Mentor Signature: _____ Date: _____	CCP Mentor Signature: _____ Date: _____
Department Chair Signature: _____ Date: _____	Department Chair Signature: _____ Date: _____

**Send copy** of form by email to [ccp@ysu.edu](mailto:ccp@ysu.edu) or campus mail to CCP  
c/o Office of College Access and Transition, Lincoln Bldg, room 212

**Questions:** Contact Sharon at x2445 or [sjschroeder@ysu.edu](mailto:sjschroeder@ysu.edu)

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