Prevention Science Doctoral Program
TEACHING COMPETENCY FORM

STUDENT NAME: ____________________________________________________________

ADVISOR: ____________________________  TERM SUBMITTED: ___________________

Instructions: Please complete all applicable information for sections A-E. See the handbook for a complete description of teaching competency requirements. Turn in this form to your advisor once all 3 teaching points have been earned. Teaching competency is met by completing the following:

A) Earn 3 teaching-activity points
B) Have 1 lecture reviewed by faculty or approved equivalent
C) Submit a brief descriptive statement for each teaching activity
D) Provide written evidence of teaching activities
E) Acquire signatures from your advisor and program director

A. TEACHING ACTIVITIES LIST  Please place a checkmark next to each completed activity and provide applicable information. Activity points should add up to 3 points.

☐ Taught a Course (3 points). Provide: a) Course name b) Term taught c) Supervisor/ Hiring Department.

☐ Made a class presentation of 75-90 minutes delivered in a course in which you are not enrolled (1 point each). For each presentation, provide: a) Course name b) Presentation title c) Class instructor d) Date of presentation.

☐ Facilitated groups in a group-teaching format through one entire term (1 point each). For each term of group facilitation, provide: a) Course name b) Class instructor c) Facilitation term.

☐ Gave an oral presentation (not a poster session, different from class presentation) at a state, regional, or national conference (1 point each). For each presentation, provide: a) Conference title b) Presentation title c) Date of presentation.
☐ Gave a workshop to other professionals, such as providing a lecture or workshop for professional CEU credits (1 point each). For each workshop, provide: a) Workshop title b) Date of workshop c) Location/Department

☐ Other: Please gain approval from your advisor prior to completing an activity that is not already listed on this form. Provide in the space below a description of the activity.

B. FACULTY LECTURE EVALUATION  At least one lecture must be reviewed and critiqued by a faculty member/ faculty-approved equivalent. Please complete the following information and attach any evaluation/notes from the faculty member to this form:

Name of faculty member or equivalent: __________________________ Review Date___________

Which activity from the list above was reviewed? ________________________________________

C. DESCRIPTIVE STATEMENT  On a separate page, provide a brief written description of each qualifying activity. This should include a statement of goals, objectives, and activities for each teaching activity (e.g., topic audience composition, and when, where, and how instruction was provided). Attach your statement to this form.

D. EVIDENCE OF TEACHING ACTIVITIES  You must provide evidence of your teaching activities (e.g., lecture/ powerpoint notes, handouts, teaching material, etc.). Evidence must include evaluations and critiques you received from faculty, TEP, and/ or audience members. Please list which forms of evidence you are submitting with this form.

E. FINAL APPROVAL OF COMPLETION OF TEACHING COMPETENCY

Student: ___________________________________________ Date Submitted: _________________

Faculty Advisor: _________________________________ Date Approved: _________________

Program Director: _________________________________ Date Approved: _________________

Notes:
1. You may enroll for PREV 602 Supervised College Teaching credit as you fulfill this requirement. Discuss this with your advisor and clarify what your teaching competency agreement is prior to registering.