



**Illinois  
State Board of  
Education**



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**ASSOCIATED EXHIBITS  
OF THE  
MODEL PARTNERSHIP AGREEMENT  
UNDER THE  
DUAL CREDIT QUALITY ACT**

**July 2019**



## **Exhibit Listing**

- **Exhibit B-1:** Course Request Form
- **Exhibit B-2:** Dual Credit Instructor Qualifications Review Documentation
- **Exhibit B-3:** Documentation for Course Planning Decision Areas
- **Exhibit C-1:** Documentation for District's Policy for Fee Waivers & Discounts
- **Exhibit C-2:** Documentation for College's Policy for Fee Waivers & Discounts
- **Exhibit D-1:** Documentation for Student Academic Supports and Guidance

**Exhibit B-1**

**Course Request Form**

*\*Parties may elect to create an electronic version of this form and/or use alternate forms mutually agreed upon by the parties\**

This form must be completed by the District Liaison and submitted to the College Liaison for each proposed course to be offered by the District under the Partnership Agreement between the College and District. Approval from the District must be obtained prior to submitting this form to the College.

Please note the following form submission deadlines:

- For a Fall Semester course – February 1 of the same calendar year
- For a Spring or Summer Semester course – May 1 of the calendar year prior to the semester

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**Course Information:**

College course # and title being requested: \_\_\_\_\_  
*(If no College course is identified, a high school outline or syllabus must be submitted with this request)*

District course # and title: \_\_\_\_\_

High school(s) to offer this course: \_\_\_\_\_

Anticipated student enrollment/# of sections to be offered: \_\_\_\_\_

**Course Designation** (check one):

- Priority (as defined in the Partnership Agreement)                       Non-Priority

**Course Type** (check one):

- Type A: Taught at the District by District teacher(s)\*                       Type B: Taught at the District by College faculty member(s)                       Type D: Taught at the College by College faculty member(s)

\*If Type A selected → Also attach the Instructor Qualification Review form and related documentation

**Semester(s) that the course will be offered** (check all that apply):

- Fall Semester 20\_\_                       Spring Semester 20\_\_                       Summer Semester 20\_\_

**District Approval:**

**District Liaison**

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Course information to be completed by College Liaison**

College course # and title	
Course Designation	<input type="checkbox"/> Priority <input type="checkbox"/> Non-Priority
Course Type	<input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type D
Semester the District course will start	<input type="checkbox"/> Fall Semester 20__ <input type="checkbox"/> Spring Semester 20__ <input type="checkbox"/> Summer Semester 20__
Semester in which College Credit will be awarded	<input type="checkbox"/> Fall Semester 20__ <input type="checkbox"/> Spring Semester 20__ <input type="checkbox"/> Summer Semester 20__
If known, College Course Contact (Dean or contact faculty member) name, email, phone number	
Course cost structure (per credit hour fee under the Partnership Agreement and CTE Supplemental Requirements costs, if applicable)	
If known, Common Textbook selected by College faculty for all sections of the Course (title, author, ed.). If none, state "NONE".	
Describe current student prerequisites for enrollment, placement requirements, or application requirements. If none, state "NONE".	

**Disapproval Date:** \_\_\_\_\_

**Basis for Disapproval (cite applicable section of Partnership Agreement):**

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**College Approval for Proceeding with Course Planning and Documentation:**

**College Liaison**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Exhibit B-2**

**Dual Credit Instructor Qualifications Review Documentation**

*\*Parties may elect to create an electronic version of this form and/or use alternate forms mutually agreed upon by the parties\**

This form must be completed by the District Liaison and submitted to the College Liaison for each proposed Type A course to be taught by a high school Instructor. Required documentation to approve a high school instructor to teach a dual credit course is in accordance with ICCB and IBHE Administrative Code and HLC Policy CRRT.B.10.020 Assumed Practices (Section B.2)

**Course Information:**

College to offer this course: \_\_\_\_\_

College course # and title being requested: \_\_\_\_\_

District course # and title: \_\_\_\_\_

High school(s) to offer this course: \_\_\_\_\_

Instructor Name (Last, First)	Employment Date (Mo/Day/Year)	Employment Status (FT/PT)	Area of Instruction (General Education)	Instructional Discipline #1 (Please List)	Instructional Discipline #2 (Please List)

*Keep copies of application, copy of college transcripts with qualifying courses highlighted, and other supporting documents and place these items in the employee's personnel file.*

**Instructor Information:**

Dual Credit Endorsement Issued by ISBE?

Yes

No

If Yes, list Dual Credit Endorsement Discipline here: \_\_\_\_\_

**Attachments (Check/fill-in all that apply):**

Employment Application

Undergraduate Unofficial Transcripts Degree(s): \_\_\_\_\_ Major/Field(s) \_\_\_\_\_

Graduate Unofficial Transcripts Master's Degree(s): \_\_\_\_\_

Major: \_\_\_\_\_ Major: \_\_\_\_\_

Highest Degree (if not above): \_\_\_\_\_ Major: \_\_\_\_\_

Professional License Type: \_\_\_\_\_

Current?

Yes

No

**18 Graduate Credit Hours within the Discipline (List Graduate Coursework)**

Course Number	Course Title	# of GSH	Rationale for Determination

If the Instructor has less than 18 graduate hours within the Discipline, is the Instructor eligible for a Professional Development Plan (PDP) under the DCQA?

- Yes – ATTACH PROPOSED PROFESSIONAL DEVELOPMENT PLAN
- No
- Unsure/Needs further review

\_\_\_\_\_, District Liaison for \_\_\_\_\_, verify that this  
 (Print Name) (Name of District)

information is correct and reflects accurately the qualification of the proposed course Instructor.

\_\_\_\_\_  
 Signature Date

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**College Review:**

**Meets Minimum Instructor Qualifications (check one):**

- Yes (without PDP) – pending receipt of official transcripts
- Yes (with PDP) – pending receipt of official transcripts
- No\*
- Unsure/Needs further review

**Preliminary Approval to Designate as Adjunct Faculty (pending receipt of official transcripts):**

- Yes
- Yes, subject to PDP
- No\*

**\* Attach review rationale and specifically identify concern(s). If determined not to meet minimum instructor qualifications, specifically indicate basis for why proposed Instructor does not meet any of the academic credential requirements in paragraphs (1), (2), or (3) of Section 20 of the DCQA. If not approved for designation as an adjunct faculty member, describe the legitimate basis for that determination.**

\_\_\_\_\_, College Liaison for \_\_\_\_\_, verify that this  
(Print Name) (Name of College)  
review and determination of minimum qualifications and approval to designate as adjunct faculty has been duly authorized and reflects the official action of the College.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Exhibit B-3**

**Documentation for Course Planning Decision Areas**

*\*Parties may elect to create an electronic version of this form and/or use alternate forms mutually agreed upon by the parties\**

Pursuant to Exhibit B, Section III.B of the Model Partnership Agreement, Liaisons must document agreement on the administrative aspects and course content topical areas specified.

For Type A Courses, all of the Course Planning Decision Areas must be addressed. For Type B and D Courses, the Liaisons will determine which of the Course Planning Decision Areas are applicable to the Course Planning process for that course.

The Liaisons will jointly document the understandings arising from the Course Planning (“Course Documentation”) by no later than thirty (30) days prior to the scheduled first day of the Course.

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**Course Information:**

College course # and title being requested: \_\_\_\_\_

District course # and title: \_\_\_\_\_

High school(s) to offer this course: \_\_\_\_\_

**Course Type** (check one):

Type A:

Type B:

Type D:

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**District Approval:**

**District Liaison**

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**College Approval:**

**College Liaison**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Course Content and Instruction**

Item as outlined in the MPA	Description of Documented Agreement
Curriculum, which will include the College’s sharing of core content materials and syllabi used for the Course on campus	
Textbook and materials, which will include the College identifying any common textbook selected by faculty for all sections of the Course taught on campus	
Other facilities, technology, or equipment needed for the delivery of the Course, including the identification of any CTE Supplemental Requirements	
Assessment of learning outcomes, which will include the College sharing any common assessment materials and rubrics for the Course	
Accreditation requirements	

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**Course Administration**

Item as outlined in the MPA	Description of Documented Agreement
The College’s course management system	
The College’s academic calendar and class scheduling requirements and the impact on delivery of the Course	
The College’s processes and timing for submission of class rosters and grades	
The anticipated student count and number of sections	

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**Student Prerequisites for Enrollment (if any)**

Item as outlined in the MPA	Description of Documented Agreement
Placement requirements (if any), and any additional student registration or application requirements.	

**Instructor Support and Expectations**

Item as outlined in the MPA	Description of Documented Agreement
If not already identified, designation of the College Course Contact	
The onboarding process and expectations to ensure new Instructors are sufficiently trained in the Course content and learning outcomes	
Ongoing available and required training and professional development opportunities for the Instructor, including a description of trainings and workshops available for the specific discipline as established by the College	
A description of the review and observation process to be used by the College under Section IV of this Exhibit, with student evaluation procedures as applicable, which must include the College's provision of the instrument(s) to be used	

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**Contingency Plans**

Item as outlined in the MPA	Description of Documented Agreement
A contingency plan if the approved Instructor is no longer able to teach the Course, which may involve using a different qualified high school teacher or offering the Course as a Type B or Type D Course	
Plans for Course delivery in the event a long-term substitute is required	

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**Other Professional Expectations for the Course**

Description of Documented Agreement

**Exhibit C-1**

**Documentation for District's Policy for Fee Waivers & Discounts**

*\*Parties may elect to create an electronic version of this form and/or use alternate forms mutually agreed upon by the parties\**

Pursuant to Exhibit C, Section IV.A.ii of the Model Partnership Agreement, the District must apply fee waivers or discounts to low-income families. The District's policy for fee waivers or discounts shall be described in this Attachment and must be publicized to families.

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**Description of District Policy for Fee Waivers & Discounts**

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**Authorized Official:**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Exhibit C-2**

**Documentation for College's Policy for Fee Waivers & Discounts**

*\*Parties may elect to create an electronic version of this form and/or use alternate forms mutually agreed upon by the parties\**

Pursuant to Exhibit C, Section IV.B of the Model Partnership Agreement, the College will apply fee waivers or discounts for low-income students for a Type C or D Course where the students or families are making direct payment to the College under this Agreement. The College's policies for fee waivers or discounts shall be described in this Attachment and must be publicized to families.

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**Description of College Policy for Fee Waivers or Discounts**

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**Authorized Official:**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## Exhibit D-1

### Documentation for Student Academic Supports and Guidance

*\*Parties may elect to create an electronic version of this form and/or use alternate forms mutually agreed upon by the parties\**

Pursuant to Exhibit D, Section II.B of the Model Partnership Agreement, the Liaisons will document the Parties' joint approach to pre-college and college transition advising services and supports and publicize the information to students.

The Liaisons will jointly identify and establish pre-college and college transition advising services and supports to engage students in postsecondary counseling including, but not limited to advising on:

<b>Item as outlined in the MPA</b>	<b>Description of Documented Agreement</b>
Articulation of Dual Credit Courses into postsecondary education degree completion plans	
Financial aid and scholarship options	
Class registration and scheduling	
Degree and certificate programs offered through the College	
Supports and services for individuals with disabilities to successfully transition into postsecondary	
Other targeted supports for students who need additional support to successfully transition into postsecondary, as identified by Instructors	
College policies, procedures, academic programs of study, and other support services provided by the College	

**District Approval:**

**District Liaison**

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Printed Name

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Signature

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Date

**College Approval:**

**College Liaison**

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Print Name

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Signature

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Date