

**West Contra Costa Adult Education**  
**Course Syllabus**

\_\_\_\_\_  
(Course Title)

*Instructor Name:*

*Instructor Phone:*

*Instructor Email:*

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*Course Description:*

*Major Units of Instruction:*

*Goals:*

*Performance Objectives:*

*Prerequisites:*

*Textbook and/or Other Instructional Materials:*

*Days/Times for Course:*

*Student Minimum Attendance (hours) Required for Certificate:*

*Title of Certificate for this Course:*

*Evaluation of Course:*

Indicate the Evaluation Method(s) used by checking the appropriate line(s) below:

- |  |   |
|--|---|
| <input type="checkbox"/> Final Exam                    | <input type="checkbox"/> Completion of Project(s) |
| <input type="checkbox"/> Pre-Test                      | <input type="checkbox"/> Notebook Entries         |
| <input type="checkbox"/> Post-Test                     | <input type="checkbox"/> Timed Writing            |
| <input type="checkbox"/> Oral Exam                     | <input type="checkbox"/> Performance Levels       |
| <input type="checkbox"/> Test & Quizzes                | <input type="checkbox"/> Individual Discussions   |
| <input type="checkbox"/> Observation by Administrator  | <input type="checkbox"/> Class Discussions        |
| <input type="checkbox"/> Reports                       | <input type="checkbox"/> Self-Evaluations         |
| <input type="checkbox"/> Critique                      | <input type="checkbox"/> Other (Explain below)    |
| <input type="checkbox"/> Assignments and/or Portfolios |   |

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Email complete course syllabus to Haidee Faust: [hfaust@wccusd.net](mailto:hfaust@wccusd.net)