

MASTER SYLLABUS

Course Discipline Code & No: ROB 171 Title: Introduction to FIRST Robotics Effective Term Fall 2007  
 Division Code: HAT Department Code: INTD Org #: 14400  
 Don't publish:  College Catalog  Time Schedule  Web Page

Reason for Submission. Check all that apply.  
 New course approval  Reactivation of inactive course  
 Three-year syllabus review/Assessment report  Inactivation (Submit this page only.)  
 Course change

Change information: Note all changes that are being made. Form applies only to changes noted.

Consultation with all departments affected by this course is required.  Total Contact Hours (total contact hours were: \_\_\_\_\_)  
 Course discipline code & number (was \_\_\_\_\_)\*  Distribution of contact hours (contact hours were:  
 \*Must submit inactivation form for previous course. lecture: \_\_\_\_\_ lab \_\_\_\_\_ clinical \_\_\_\_\_ other \_\_\_\_\_)  
 Course title (was \_\_\_\_\_)  Pre-requisite, co-requisite, or enrollment restrictions  
 Course description  Change in Grading Method  
 Course objectives (minor changes)  Outcomes/Assessment  
 Credit hours (credits were: \_\_\_\_\_)  Objectives/Evaluation  
 Other \_\_\_\_\_

Rationale for course or course change. Attach course assessment report for existing courses that are being changed.  
 The 1 credit content of what was ROB 170. Provide students the orientation and preparation they will need to perform in the January - March FIRST Robotics design, build, and competition season.

Approvals Department and divisional signatures indicate that all departments affected by the course have been consulted.

Department Review by Chairperson  New resources needed  All relevant departments consulted

Print: Gary Schultz/Tom Penird Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Faculty/Preparer

Print: Gary Schultz/Tom Penird Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Department Chair

Division Review by Dean  
 Request for conditional approval

Recommendation  Yes  No [Signature] Date 9/21/07  
 Dean's/Administrator's Signature

Curriculum Committee Review  
 Recommendation \_\_\_\_\_  
 Tabled  Yes  No \_\_\_\_\_ Date \_\_\_\_\_  
 Curriculum Committee Chair's Signature

Vice President for Instruction Approval [Signature] Date 9/21/07  
 Vice President's Signature

Approval  Yes  No  Conditional

Do not write in shaded area.  
 Log File 9/21/07 Ecopy  Banner 9/21 C&A Database 9/21 C&A Log File 9/21 Basic skills  Contact fee

Please return completed form to the Office of Curriculum & Assessment and email an electronic copy to [sjohn@wccnet.edu](mailto:sjohn@wccnet.edu) for posting on the website.

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**\*Complete ALL sections which apply to the course, even if changes are not being made.**

<b>Course:</b> ROB 171	<b>Course title:</b> Introduction to FIRST Robotics
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<b>Credit hours:</b> 1 If variable credit, give range: _____ to _____ credits	<b>Contact hours per semester:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center; border-bottom: 1px solid black;">Student</td> <td style="text-align: center; border-bottom: 1px solid black;">Instructor</td> </tr> <tr> <td>Lecture:</td> <td style="text-align: center;">15</td> <td style="text-align: center;">15</td> </tr> <tr> <td>Lab:</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Clinical:</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Practicum:</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Other:</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td><b>Totals:</b></td> <td style="text-align: center;">15</td> <td style="text-align: center;">15</td> </tr> </table>		Student	Instructor	Lecture:	15	15	Lab:	—	—	Clinical:	—	—	Practicum:	—	—	Other:	—	—	<b>Totals:</b>	15	15	<b>Are lectures, labs, or clinicals offered as separate sections?</b> <input type="checkbox"/> Yes - lectures, labs, or clinicals are offered in separate sections <input checked="" type="checkbox"/> No - lectures, labs, or clinicals are offered in the same section	<b>Grading options:</b> <input type="checkbox"/> P/NP (limited to clinical & practica) <input type="checkbox"/> S/U (for courses numbered below 100) <input checked="" type="checkbox"/> Letter grades
	Student	Instructor																						
Lecture:	15	15																						
Lab:	—	—																						
Clinical:	—	—																						
Practicum:	—	—																						
Other:	—	—																						
<b>Totals:</b>	15	15																						

**Prerequisites.** Select one:

- College-level Reading & Writing
  Reduced Reading/Writing Scores  
(Add information at Level I prerequisite)
 No Basic Skills Prerequisite  
(College-level Reading and Writing is not required.)

**In addition to Basic Skills in Reading/Writing:**

Level I (enforced in Banner)

Course	Grade	Test	Min. Score	Concurrent Enrollment <small>Can be taken together</small>	Corequisites <small>Must be enrolled in this class also during the same semester</small>
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____	<input type="checkbox"/>	_____

Level II (enforced by instructor on first day of class)

Course	Grade	Test	Min. Score
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____

**Enrollment restrictions** (In addition to prerequisites, if applicable.)

- and  or Consent required
  and  or Admission to program required  
Program: \_\_\_\_\_
 and  or Other (please specify): \_\_\_\_\_

**Please send syllabus for transfer evaluation to:**

Conditionally approved courses are not sent for evaluation.

Insert course number and title you wish the course to transfer as.

- E.M.U. as \_\_\_\_\_  \_\_\_\_\_ as \_\_\_\_\_  
 U of M as \_\_\_\_\_  \_\_\_\_\_ as \_\_\_\_\_  
 \_\_\_\_\_ as \_\_\_\_\_  \_\_\_\_\_ as \_\_\_\_\_

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<b>Course</b> ROB 171	<b>Course title</b> Introductio n To FIRST Robotics
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<b>Course description</b> State the purpose and content of the course. Please limit to <u>500</u> characters.	In this course students prepare to participate in the FIRST (For Inspiration and Recognition in Science and Technology) Robotics program and competition. Students are presented with the vision and the ethos of <i>FIRST</i> ( Gracious Professionalism) including activities necessary for successful Robotics competition
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<b>Course outcomes</b> List skills and knowledge students will have after taking the course.  <b>Assessment method</b> Indicate how student achievement in each outcome will be assessed to determine student achievement for purposes of course improvement.	<b>Outcomes</b> (applicable in all sections)	<b>Assessment</b> Methods for determining course effectiveness
	Learn the value of team membership. Learn the vision and ethos of FIRST Learn Time Management skills Learn Problem solving techniques	

<b>Course Objectives</b> Indicate the objectives that support the course outcomes given above.  <b>Course Evaluations</b> Indicate how instructors will determine the degree to which each objective is met for each student.	<b>Objectives</b> (applicable in all sections)	<b>Evaluation</b> Methods for determining level of student performance of objectives

List all new resources needed for course, including library materials.

<b>Student Materials:</b>		
<b>List examples of types</b> Texts Supplemental reading Supplies Uniforms Equipment Tools Software	FIRST Robotics Judges Handbook	<b>Estimated costs</b> \$

**Equipment/Facilities:** Check all that apply. (All classrooms have overhead projectors and permanent screens.)

**Office of Curriculum & Assessment**

<http://www.wccnet.edu/departments/curriculum/>

**Approved by Assessment Committee 10/06**

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Check level only if the specified equipment is needed for all sections of a course.

<input type="checkbox"/> Level I classroom Permanent screen & overhead projector	<input type="checkbox"/> Off-Campus Sites
<input type="checkbox"/> Level II classroom Level I equipment plus TV/VCR	<input type="checkbox"/> Testing Center
<input checked="" type="checkbox"/> Level III classroom Level II equipment plus data projector, computer, faculty workstation	<input type="checkbox"/> Computer workstations/lab
	<input type="checkbox"/> ITV
	<input type="checkbox"/> TV/VCR
	<input type="checkbox"/> Data projector/computer
	<input type="checkbox"/> Other _____

Assessment plan:

Learning outcomes to be assessed (list from Page 3)	Assessment tool	When assessment will take place (semester & year)	Course section(s)/other population	Number students to be assessed

Scoring and analysis of assessment:

1. Indicate how the above assessment(s) will be scored and evaluated (e.g. departmentally developed rubric, external evaluation, other). Attach the rubric/scoring guide.
2. Indicate the standard of success to be used for this assessment.
3. Indicate who will score and analyze the data (data must be blind-scored).
4. Explain the process for using assessment data to improve the course.