

CLASSROOM VISITATION

APPLICANT – SUBMIT ORIGINAL

SUPERVISOR – SUBMIT ORIGINAL AND ONE (1) COPY OF YOUR RESPONSE

This form will be used with the classroom observation. Pre-observation and post-observation conferences between the Supervisor and the faculty member are required. During the pre-observation conference, the Supervisor and faculty member will discuss the objectives of the class to be observed along with reference to a current copy of the course syllabus.

Faculty Member: _____

Date of Observation: _____

Class Meeting Time: _____

Course: _____

Room: _____

Number of Students: _____

Supervisor's Signature

Date

Supervisor's Name (print)

Pre-Observation Conference

Faculty Member's Signature

Date

Supervisor's Signature

Date

Post-Observation Conference

Faculty Member's Signature

Date

Supervisor's Signature

Date