ASSOCIATE FACULTY VISITATION AND DISCUSSION REPORT

Associate Faculty Member Visited: ________________________________________________

Date(s) of Visitation(s): _________________________________________________________

Course(s) or Activity(ies) Visited: ________________________________________________

Evaluator/Title: ________________________________________________________________

Write a summary of the visitation and discussion process, addressing your observations relevant to the Criteria for Evaluation. (Attach additional sheets as necessary.)

Date of Pre-Visitation Discussion(s): _____________________________________________

Date of Post-Visitation Discussion(s): _____________________________________________

Signature of Evaluator: ___________________________________ Date: ________________

Your signature below indicates that you have read this report. It does not necessarily indicate agreement with its content.

If you wish to respond to any comments on this report, please complete the Response to Visitation and Discussion Report (Form B) and attach it to this report.

By checking the box below, you agree to the following statement:
□ I have participated in the assessment of student learning outcomes and discussions with colleagues about using the information to improve teaching and learning.

Signature of Associate Faculty Member: ___________________________ Date: ____________