**Instructor Report Form**

Use for documenting communication with an instructor during a year that no site visit is required or for communication between site visits.

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| **FACULTY LIAISON INFORMATION** |
| **Name of VU Faculty Liaison:****Date of Communication: Start Time: End Time: Method of Communication: Phone Conference Video Conference (i.e. Skype)****Other (please explain):** |
| **HIGH SCHOOL - CAREER/TECHNICAL CENTER INFORMATION** |
| **Name(s) of the Dual Credit Instructor:****Name(s) of High School or Career/Technical Center: VU Dual Credit Course Number(s):** |
| **Topics Discussed** |
| **Provide a description of the communication session, including all discussion items:****Sample student work was submitted prior to the scheduled conference as requested. Yes** No**Is the depth and rigor of the dual credit course equivalent to the on-campus course? Are the instructor’s grading methods consistent with the on-campus course?****Additional comments/concerns regarding this session and/or instructor:** |

***\*A typed name below serves as an electronic signature when this report is sent from a VU email address.***

\*Faculty Liaison Signature: \_ Date: \_

***Note: A copy of this form must also be sent to the division dean.***

Revised 8.1.17