# þÿSITE/CLASS VISIT REPORT FORM

**FACULTY LIAISON INFORMATION**

**Name of Faculty Liaison:**

**Date of Visit: Arrival Time: Departure Time:**

**HIGH SCHOOL - CAREER/TECHNICAL CENTER INFORMATION**

**Name of High School or Career/Technical Center: Name of Dual Credit Instructor:**

**VU Course Number(s):**

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| **SITE/CLASS VISIT INFORMATION** |
| **1. To what extent are the VU course syllabus, objectives, and outcomes representative of the on-campus course?** |
| **2. What are your impressions of student interest and involvement in the course?** |
| **3. Ask to see papers, assignments, or exams generated thus far in the course. Are the depth and rigor equivalent to the on-campus course? Are the instructor’s grading methods consistent with the on-campus course?** |

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| **4. If there was time for you to address the class, please summarize your comments, as well as, student feedback.** |
| **5. Other comments about the visit or instructor.** |
| **6. Summary of feedback provided to instructor following class visit (in person where time permits; or via phone or email where necessary).** |
| **7. Please list any concerns or recommendations for follow up.** |

**Summary:**

**Is the Dual Credit instructor using an approved textbook and/or course materials? Is the Dual Credit instructor following the VU common course outline/syllabus?**

**Is the course consistent with the on-campus course?**

***\*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.***