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**Orientation Report Form**

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**VU Faculty Liaison: Date of Orientation:**

**Start Time: End Time: Total: Hr Min**

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| --- | --- | --- | --- | --- | --- |
| **Orientation Type:** |  | Individual |  | Group |  |
| **Orientation Location/Method:** |  | VU Campus |  | On Site | \*Phone \*Skype/Zoom/etc.  *\*Prior approval required for PE instructors* |
| **Program(s) Represented:** |  | Early College |  | Project EXCEL |  |

|  |  |
| --- | --- |
| **INSTRUCTOR & HIGH SCHOOL / SITE INFORMAITON** | |
| **Name(s) of Dual Credit Instructor(s):** |  |
| **Name(s) of High School / CTE Site(s):** |  |
| **VU Course Number(s) Discussed:** |  |

**ORIENTATION INFORMATION**

1. The following topics were covered during the orientation session (check all that apply):

CCO/Syllabus and Learning Outcomes Course Philosophy/Pedagogy Grading Policy Required/Recommended Textbooks Required Assessments (UCC) Other

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1. **Provide a description of the orientation session (attach a detailed agenda and copies of all materials/resources provided).**
2. List additional comments or concerns regarding this session and/or participant(s).

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

**Faculty Liaison Signature: Date:**

*Revised 8.15.19*