



Course Oversight

Please complete a separate form for each CRN and submit to the Director of College Connections.

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|-------------------|--|---------------|--|-------------|--|
| Instructor | | School | | | |
| Course | | CRN | | Term | |

Please provide a detailed report of general communication with teacher including email, phone, and in-person discussions. Include an overview of topics discussed, problems encountered, actions taken, etc.

If you have a formal communication log, please attach.

Did you complete a formal classroom observation? yes no (Please explain. Use back of sheet, if necessary.)

Did you facilitate a discipline workshop this year? yes no

Did the instructor attend the discipline workshop? yes no

Are there any immediate concerns that you feel need to be addressed? If so, please relay your concern and the manner in which it will be addressed. (Write on back of the sheet, if necessary.)

Liaison Signature _____ Date _____

Director Signature _____ Date _____