

COLLEGE OF

Classroom Visitation Summary

Faculty Member Observed _____

Department _____

Course Number/Name _____

Instructional Mode _____

Number of Students _____

Visitation Date/Time _____

Follow Up Discussion Date/Time _____

Observation _____

I have read the following classroom visitation evaluation and understand that it will be placed in my Personnel Action File (PAF) in the dean's office, and I have received a copy.

Faculty Member's Signature

Date

Reviewer's Signature

Date