



Site Visit Report Form

Faculty Liaison:	Date of Visit:	Arrival Time:	Departure Time:

High School/CTE Site: _____

Instructor: _____ **VU Course Number(s):** _____

5 = Strongly Agree; 4 = Agree; 3 = Neutral; 2 = Disagree; 1 = Strongly Disagree	5	4	3	2	1
The dual credit course is consistent with the on-campus course.					
The dual credit instructor is following the VU CCO (objectives and outcomes are representative of the on-campus course).					
The depth and rigor of the dual credit course is equivalent to the on-campus course.					
The dual credit instructor is using an approved textbook and/or course materials.					
The dual credit instructor's evaluation of student work is comparable to on-campus evaluation.					
Students showed interest and/or involvement in the dual credit course.					

6 - 18 pts. = Follow-up visit recommended / 19 - 30 pts. = Follow-up visit not required

Total Score: _____

Comments and/or concerns about visit or instructor.

Summary of feedback provided to the instructor following class visit (in person, via phone, or email).

Artifacts Collected by Liaison (check all that apply & attach copies to this report):

- Sample Assignments
- Sample Exams/Quizzes
- Evaluation Tools (rubrics, etc.)
- Student Assignments
- Student Exams/Quizzes
- Other

Liaison's recommendation for follow-up: No follow-up needed Phone/Email only Visit Required

Faculty Liaison Signature: _____ **Date:** _____

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