



## Informal Teaching and Learning Consultation *REPORTING FORM*

Name of Faculty Member				
Current Rank	Tenure Track	Non-Tenure Track	Tenured	Other:
Course (Title/Section)				
Pre-Observation Meeting Details	Date:	Time:	Met in TEAMS	Met in-person, what building/room
Observation Details	Date:	Time:	Online Course	Course on-campus, what building/room
Post-Observation Meeting Details	Date:	Time:	Met in TEAMS	Met in-person, what building/room
Name of Peer Observer				
Peer Observer's Rank	Tenure Track	Non-Tenure Track	Tenured	Other:

**Faculty Member Summary:** What did you, the faculty member, learn from the observation process and any adjustments you made towards improving your teaching and learning practice that will impact student success? (500 – 1000 words)

Faculty Member Signature:	Peer Observer Signature:
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**All records from the Informal Teaching and Learning Consultations are property of the faculty member. This form is REQUIRED to be submitted to the Department Chairs/Deans for any referral faculty.**