



THE
APPRENTICESHIP IN
TEACHING PROGRAM

FACULTY VERIFICATION – CLASSROOM OBSERVATION

To the Student: Please fill in the information in the table below. Submit this form to the faculty member whose class you observed and ask him/her to complete it. Upon completion, please return the form to the CNDLS office in Car Barn 314 to fulfill your Classroom Observation requirement.

Student's Name:
Department:
Expected Graduation:
Observed Course Number and Title:
Dates of Observations:
Date Submitted to CNDLS:

To the Faculty Member: Thank you for your participation in the Classroom Observation exercise and the AT Program. For confirmation that the student successfully completed three class session observations, and both pre- and post-observation meetings with you, please sign below. For our records, we would also appreciate your answer to the question that follows and any comments that you care to add. We of the AT Program sincerely appreciate your time and involvement.

Faculty Member's Name:
Faculty Member's Signature and Date:
CNDLS' Reviewer's Name:

Question:

Would you like to learn more about mentorship opportunities with the AT program?

_____ Yes _____ No

Comments: