**WASHBURN CEP SITE VISIT REPORT FORM**

This form is to be completed by the WU Academic Liaison conducting a site visit to a high school offering a CEP course. Submit completed forms to Associate Dean Bruce Mactavish ([bruce.mactavish@washburn.edu](mailto:bruce.mactavish@washburn.edu)).

**Please complete a separate form for each class/instructor visited, even if visits occurred on the same day.**

**COURSE NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **COURSE ID #:** \_\_\_\_\_\_\_\_ **COURSE SEC. #:** \_\_\_\_\_\_\_\_\_\_\_\_

**HIGH SCHOOL INSTRUCTOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ACADEMIC TERM:** \_\_\_\_\_\_\_\_\_\_\_

**WU LIAISON:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF SITE VISIT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please summarize the purpose and content of your visit to the CEP instructor/course, and relate significant observations.

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Please indicate any points of concern or areas requiring improvement in this CEP course offering, based on your observations at this site visit. Recommend any steps that might be taken to achieve improvements.

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Signature of WU Liaison submitting this report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If submitting electronically, simply type your name)