**Center for Teaching and Learning Mid-Term Course Feedback through**

**Small Group Instructional Diagnosis**

**REQUEST FORM**

Please submit this form to ctl@gcsu.edu at least **5** days before the first date you are requesting to have a facilitator come to your class (see below). You may copy and paste it into the email body or attach as Word document.

Once a facilitator is paired with you, he or she will come to your class approximately 30 minutes before the end of the period on the appointed date. You may briefly introduce the facilitator to your class and then leave. A week or so later, the facilitator will make arrangements to meet with you to share the assessment findings orally and in writing. These findings are yours and yours alone; they will not be shared with anyone else. You may, if you wish, include them in your Individual Faculty Report.

Please contact Steven Jones at 478-445-1253 if you have any questions.

------------------------------------------------------------------------------------------------------------

Name:

Department:

Phone:

E-mail:

Course to be evaluated (number and title):

Class meets: Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri ­\_\_\_\_

Class start and end times:

Suggest two possible dates for the assessment (at least **5** days from application):

Date #1(1st preference):

Date #2 (2nd preference):

**NOTE**: Assessments conducted **Monday, September 25 through Friday, October 6, 2017 and Wednesday, October 11 through Friday, October 13, 2017.**

Class location (building and room number):

Number of students:

Data recording medium in the classroom (black board, white board, etc.):

If you would like a specific facilitator, please identify him or her: