## CENTER FOR TEACHING & LEARNING

Mid-Semester Pre-Feedback Form	
<u>Course:</u>	Initial Meeting Date:
Brief Description of Course	Instructor:
Location:	Department:
Class Meeting Times:	Scheduled Class Visit Date:
Number of Students:	
Access to Technology?	Follow Up Meeting Date:
Initial Meeting Specific Concern?	
Expectations?	
Letter?	
Follow Up Meeting Results:	
Action Plan:	