

**COOPERATIVE ACADEMIC PARTNERSHIP PROGRAM (CAPP)**

**Course Report**

**Liaison:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Course:** \_\_\_\_\_

**Adjunct Instructor:** \_\_\_\_\_ **Semester/Year:** \_\_\_\_\_

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**Date of Visit:** \_\_\_\_\_

**Type of visit: (check one)**

**Peer Evaluation**    **Course Lecture**    **Presentation**    **Other** \_\_\_\_\_

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**Summarize the activities of the visit:** \_\_\_\_\_

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**Overall course evaluation: (check one)**

**Excellent**    **Very Good**    **Good**    **Satisfactory**    **Needs Improvement**

**Comments:** \_\_\_\_\_

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