



Cooperative Academic Partnership Program



Course Evaluation

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

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

My recommendation for this course to be taught in future semesters at this high school is:  
(Check one)

Continue

Make Adjustments

Drop

Rationale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Liaison Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

**NOTE: With the completion of the above section please give it, along with your Course Report/s, to your Department Chairperson.**

After reviewing the information provided by our Department Liaison, my recommendation for this CAPP course to be taught in future semesters at this high school is: (Check one)

Continue

Make Adjustments

Drop

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chairperson Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

*Please return this completed form, along with the Course Report/s (Peer Evaluation if required) to the CAPP Office, N/E room 101, by the completion of the CAPP course.*