



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.