

**COOPERATIVE ACADEMIC PARTNERSHIP PROGRAM (CAPP)**

**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.*