

PRE-SGID PREPARATION

Explain the procedure for the SGID. Explain that it is not used for evaluative purposes. Provide the faculty member with a blank copy of the Feedback Form.

Date of Initial Contact from OID _____

Faculty Name and Telephone _____

Course Name _____

Number of Students _____

Pre-SGID Meeting Date & Location _____

Date, time, location for the SGID itself _____

Post-SGID Meeting Date & Location _____

1. Have you ever had an SGID done before?

2. What are you expecting to get out of this SGID?

3. Tell me about this course:

Taught it before?

Teaching methods?

Content?

Expectations? (prerequisite? Required?)

Assignments?

Grading methods?

Use of technology? Blackboard or course management?

Other types of course evaluation?

4. Any class idiosyncrasies/issues/problems that I should be aware of?

5. Anything else you'd like me to know when I do the SGID?