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?