



INITIAL VIDEO (AD)VANTAGE INFORMATION: Course Context

Department: _____

Instructor: _____ Office#: _____

Phone: 8-_____ OR _____ E-mail: _____@ilstu.edu

Course Number and Name: _____

Meeting days/time: _____

Number of students in class: _____ Students are: MAJORS NON-MAJORS MIX

Level of students: FR ____ SO ____ JR ____ SR ____ MA ____ PhD ____

Course Goals

What are students to know/be able to do as a result of taking this class?

Course Design

How are class sessions generally structured? (i.e., What activities are routine/typical?)

Any unusual or unique elements of the class that we should be aware of?

Consultation Design

We provide feedback on items related to teaching and learning that are of interest to you. Perhaps you would like us to focus on specific items from this list so that you are provided with ideas and strategies in key areas. If this is your preference, please indicate the 3-5 areas that you are most interested in by circling those topics. Please provide notes where appropriate.

Alternatively, we are happy to provide limited feedback in all areas if you do not wish to choose focus areas at this time.

Notes

Class Goals Stated

Type of Pedagogy Used

Technology Effective

Appropriate Level of Rigor

Students Demonstrate Learning

Feedback Offered to Students

Instructor Nonverbals

Instructor-Student Interaction

Pacing

Distractions

Student Responses/Engagement

Other:

Instructor Information

What can you tell me about your background, teaching philosophy, teaching concerns, etc. that might help me during this process?

Would you like a copy of the video to keep for your records? _____ Yes _____ No

Meeting Place: _____ Date/Time of Visit: _____