

## Record of Senior Colleagues' Visits\*

Review for \_\_\_\_\_

Department of \_\_\_\_\_

Visited by	Date of brief prior to class visit	Course, lab, studio, rehearsal, etc. and Date	Date of debrief after class visit
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

\* Note: Each senior colleague is required to make at least **two** visits and no more than five.

Signature of Department/Committee Chair      Date

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