



Community College System of New Hampshire

Running Start Classroom Visitation Form

LRCC Course Number and Title: \_\_\_\_\_

High School Faculty Partner: \_\_\_\_\_

Date of visit: \_\_\_\_\_ High School Site: \_\_\_\_\_

LRCC Faculty Partner: \_\_\_\_\_

Please rate each category:

1 = Excellent      2 = Good      3 = Fair      4 = Needs Improvement      5 = Not Applicable

Rating

Table with 2 columns: Description and Rating. Contains 9 rows of evaluation criteria.

Please add any additional information that indicates the Lakes Region Community College course objectives are being accomplished at the high school site.

Three horizontal lines for providing additional information.

LRCC Faculty Partner: Do you recommend continuing the Running Start relationship with this instructor at this high school?

- Yes
Yes, with recommendations listed on reverse
No, with reasons listed on reverse.