



**Minnesota  
North College**  
A Member of Minnesota State

## CIS Classroom Observation Form

Minnesota North College  
Student Services Office – 107 Backes Student Center  
1851 East Highway 169  
Grand Rapids, MN 55744  
1-800-996-6422 or 218-322-2320  
Fax 218-322-2325

College Faculty:

HS Instructor:

High School:

Year and Semester:

Course Title:

Course Discipline and Number:

Describe what activities took place during the site visit.

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Describe how the class period reflected the pedagogical, theoretical and philosophical orientation of the Minnesota North College department.

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Describe the discussion between the college faculty mentor and high school instructor regarding the course.

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**(Please see reverse side)**

Did you receive any feedback from students? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe the feedback:

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Suggestions for continuous improvement:

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Additional Comments:

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College Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to Rick Kangas, Associate Vice President of Student Affairs**