



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?)

What elements of the classroom environment would you like closely observed?

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

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?

Meeting Place: _____ Date/Time of Visit: _____

Facilitator Signature: _____ Date: _____

Instructor Signature: _____ Date: _____