2019 – 2020 DISCOVERY ACADEMY MENTOR WORKSHEET
(PLEASE COMPLETE ONE EVALUATION PER SEMESTER)

PLEASE CHECK WHICH APPLIES

___ 1st time course taught
___ 1st time instructor taught
___ repeat course/same instructor

HS Instructor: ________________________________  Semester/Year: _______

High School: ________________________________  Number of Students: _______

Course Name: ________________________________  Course Number: _______

SCTCC Mentor: ________________________________  Number of Credits: _______

A.  □ I HAVE REVIEWED THE COURSE SYLLABUS/COURSE OUTLINE FOR THE FOLLOWING CONTENT:
   1. Length and number of class meetings and how they will be used to cover the subject matter.
   2. Class lists and procedures for adding and dropping students.
   3. Appropriate monitoring of any probationary students.
   4. Library resources and college writing expectations.
   5. Required materials and tests.
   6. Attendance policy and how it applies to grading.
   7. Testing procedures and grading processes and calendar.

B.  □ I have attached the High School Discovery Academy Course Syllabus

C.  □ I have attached the SCTCC Course Syllabus

D.  □ I have observed the teacher while s/he is providing instruction to students

E.  □ I have observed and interacted with students and viewed sample classwork.

F.  □ I have attached examples of paired (SCTCC and HS) assessments, i.e.: final exams, lab exercises, essay assignments, grading rubric, etc.

G.  □ The teacher has completed at least one discipline specific professional development activity, of which we have discussed and I have attached the completed form

H.  □ If this is a first-time course, and/or a first-time instructor, at least three interactions per semester are required. Complete the following record of meetings; (if this is a repeat course move to section F).

Return completed form to Becky Thelen, 1-312, at SCTCC
2019 – 2020 MENTOR/HS INSTRUCTOR MEETINGS
(PLEASE COMPLETE ONE EVALUATION PER SEMESTER)

___ PRE-CLASS MEETING

Date: ________________ Location: ___________________________________________
Comments: ________________________________________________________________

___ IN-PERSON CLASS OBSERVATION (teaching methods, student interaction)

Date: ________________ Location: ___________________________________________
Comments: ________________________________________________________________

___ OBSERVATION OF STUDENT WORK/PRESENTATIONS (quality/content/knowledge)

Date: ________________ Location: ___________________________________________
Comments: ________________________________________________________________

___ Any additional observation/interaction or comments:

___ Any concerns noted:

Return completed form to Becky Thelen, 1-312, at SCTCC
2019 – 2020 DISCOVERY ACADEMY MENTOR WORKSHEET REPEAT YEARS
(PLEASE COMPLETE ONE FORM PER SEMESTER)

F. If this is a repeat course, or a course that continues as part of a sequence, and/or with the same
instructor, at least one in-person meeting and one other interaction is required annually.

____ 1st Meeting

Date: __________________ Location: __________________________
Comments:

____ 2nd Meeting

Date: __________________ Location: __________________________
Comments:

____ ADDITIONAL VISITS

Date/Time: ____________ Purpose: ______________________________
Comments:

____ Any concerns:

__________________________ ____________________________
Signature of Mentor Date

__________________________ ____________________________
Signature of High School Instructor Date

__________________________ ____________________________
Signature K-12 Initiatives Director Date

Return completed form to Becky Thelen, 1-312, at SCTCC