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

1. Students are aware that they are enrolled in a LRCC course and are aware of the expectations of the course.
2. The students are using an approved text or the college textbook appropriately.
3. The necessary supplemental materials are provided to the students.
4. The classroom has the necessary and up-dated equipment required to accomplish course objectives.
5. Sample student work was reviewed and it reflects college-level accomplishment.
6. Course assessments accurately determine if the students are accomplishing course objectives.
7. The students are on target to complete the college course objectives by the end of the semester.
8. The high school partner is knowledgeable and current in the subject area.
9. The high school partner is accomplishing the college course objectives.

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

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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.