**SGID Session Information Sheet**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which class would you like to participate in the SGID? Please complete the form below for each section.**

Course number and section: \_\_\_\_\_\_\_\_\_\_\_ Course title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regular meeting days and times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Class Observation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate below your first, second, and third choices for dates that you’d like the SGID to take place.**

CHOICE #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHOICE #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHOICE #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check your preference (check one):

[ ] I would like the facilitator to arrive at the beginning of the class and conduct the SGID immediately. After the SGID, the class will be over.

[ ] I would like the facilitator to arrive at the beginning of the class and conduct the SGID immediately. After the SGID, I would like the facilitator to notify me so that I can return to the classroom.

[ ] I would like the facilitator to arrive halfway through the class (or at a prearranged time: \_\_\_\_\_ ) to conduct the SGID.

Please check your preference (check one):

[ ] I would like to set up a separate appointment with the facilitator to discuss the results.

[ ] I would prefer to not discuss the results with the facilitator.

Please check your preference (check one):

[ ] I would like the facilitator to type up the students’ comments and email them to me.

[ ] I would like to have the original post-it sheets turned in to me. preferred

[ ] I would like both the original post-it sheets and the typed comments for my records.

**If you indicated that a separate appointment with the facilitator is desired, please indicate below your first, second, and third choices for dates and times to meet.**

CHOICE #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHOICE #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHOICE #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: [ ] CASTL (Vini 107) [ ] Other, please specify­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit this completed for to** **is@niagara.edu****. A member of the Center for the Advancement of Scholarship, Teaching, and Learning (CASTL) team will contact you to confirm the SGID and answer any questions.**