**Course Report Reviewing Form – XX Department**

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| --- | --- | --- | --- |
| **Course ID** |  | **Course Title** |  |
| **Academic Year** |  | **Instructor** |  |
| **Semester** |  | **Reviewing #** | 1st 2nd  |
|  | **Items** | **Quality Grade** | **Remarks** |
| **Accepted** | **Needs Improvement** | **Unaccepted** |
| A -Identification & General |   |  |  |  |  |
| B- Course Delivery | Course Contact Hours  |  |  |  |  |
| Topics not Covered  |  |  |  |
| Teaching Strategies |  |  |  |
| Activities/Assessment Methods |  |  |  |
| Verification of Credibility of Students’ Results |  |  |  |
| C- Students Results | Distribution of Grades |  |  |  |  |
| Comment on Student Results |  |  |  |
| Recommendations |  |  |  |
| D- Course Learning Outcome | LO Assessment Results |  |  |  |  |
| Recommendations |  |  |  |
| E - Course Evaluation | Students Evaluation of the Quality of the Course |  |  |  |  |
| Other Evaluations |  |  |  |
| Recommendations |  |  |  |
| F- Difficulties & challenges | Planning for improvement based on actions proposed for improving the course in previous course reports |  |  |  |  |
| G- Course Improvement Plan | Course Improvement Actions |  |  |  |  |
| Action Plan for Next Semester/Year  |  |  |  |
| Supporting Evidences / Appendix |  |  |  |  |  |

**Feedback to Instructor:**

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| **Quality Coordinator /Reviewer** | **Date** | **Signature** |
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