**Classroom Visit Feedback Form – International Foundation Program, Kainan University, Academic Year \_\_\_, Semester \_\_\_**

| **Visit Date (Day of the Week)** | **Class Period Visited** | **Class Time** |
| --- | --- | --- |
|  |  |  |

| **Instructor** | **Classroom** | **Enrollment** | **Attendance** | **Instructor Present** | **Remarks** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**The International Foundation Program is responsible for conducting classroom visits. If any irregularities are observed during a visit, a Classroom Visit Feedback Form will be issued to the instructor. The instructor is requested to provide a written explanation, sign the form, and return it to the International Foundation Program within two days for further processing.**

|  |  |
| --- | --- |
| Report on Irregularities Observed During Classroom Visit | |
| Irregularities | □ Student attendance below 60%  □ No one present in the classroom  □ Instructor absent |
| Instructor’s Response | Instructor’s Signature：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| IFP Office Action | Inclusion in Irregularity Records (If included, it will be considered in instructor evaluation)  □ Included □ Not Included Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |