

National Taiwan Normal University
New Faculty Exchange Records Form (For Instructional Counselors)

Basic Information			
Name of Instructional Counselor		Academic Year and Semester	Academic Year: Semester:
Name of New Faculty Member			
Please describe the details of the counseling service provided (Please provide information other than Formative Peer Review of Teaching)			
Counseling Approach (Check all that apply)	<input type="checkbox"/> Face-to-face discussion <input type="checkbox"/> Phone Counseling <input type="checkbox"/> Internet counseling <input type="checkbox"/> Other:		
(150 words minimum)			

Signature of Instructional Counselor: _____ Date: _____

Please submit the form to the Center of Teaching and Learning Development after signing. Thank you.