**High-Impact Practice Exit Form Assurance**

Faculty Name:

Department:

Course Title and Number:

Semester & Year:

High-Impact Practice:

Evaluator:

Evaluation Date:

**Commendations**

* A

**Point Totals**

Course Background /15

Student Outcomes /12

HIP Keys /27

Classroom Artifacts /6

**Total** /60

* B
* C
* D
* E
* F
* G

**Recommendations for Improvement**

* A
* B
* C
* D
* E
* F
* G

**Summary**