

Small Group Instructional Diagnostic (SGID) Completion Form

This form should be completed and submitted to the Instructional Advancement Center at the completion of an SGID.

Facilitator (print name): _____

Instructor (print name): _____

Class: _____

Date and time SGID data was collected: _____

Date and time SGID data was presented to the instructor: _____

Comments:

Facilitator (signature): _____

Instructor (signature): _____

Return to:

Instructional Advancement Center
Merrick 249 (above room 201)
Locator Code 2047
PO Box 248206