Confidentiality Policy:
Peer consultation activities are to be considered confidential, i.e., documentation should be shared only among the faculty members directly involved. Exceptions to this confidentiality policy should occur only if the “consultant” uncovers credible information suggesting that an individual is being treated in a harmful, exploitive, or dangerous way. In such a situation, the consultant’s duty is to protect the individual at risk and to inform the department chair of the situation.

Disclosure Policy: The consultee may choose to include either Section I, Section II, or both sections of this form in review materials such as annual reports or dossiers for midtenure tenure/promotion.

SECTION 1: Confirmation of Peer Consultation

Name of Peer Consultee:

Name of Peer Consultant:

Department of Peer Consultant:

Date of Peer Consultation Activity:

Type of Peer Consultation Activity:

_____Peer Observation

_____Course Material Review

_____Professional Dialogue

_____Other________________________________________________________

Course Name and Number:

Signature of Peer Consultee______________________________________ Date______

Signature of Peer Consultant______________________________________ Date______

*Thanks to SIUE Department of Psychology for the use of the form.
SECTION 2: Content of Peer Consultation (attach additional pages if necessary):