HORMY-GEORGETOWN TECHNICAL COLLEGE

Faculty/Staff Development
Activity/Course Evaluation Form

To be submitted within two weeks of the projected completion of project to the
Appropriate Vice President, or when applicable, the President

1. Name: _______________________________       Date: ___________________________

2. Activity Title/Course: _______________________________________________________

3. Activity/Course Number: _____________________________________________________

4. Status of Activity/Course:     Completed     Not Completed (Explain)

5. Amount Budgeted:   $_________________  Amount Spent:  $_______________

6. Demonstrate through appropriate documentation the outcomes of your activity/course and the
   extent to which your activity/course was effective in meeting your stated needs:

7. Describe the benefits gained by you, students, and College (if additional space is needed,
   attach a separate document):

8. Describe the changes in your job that may result from your participation in this event:

____________________________________________________ /   ________________________
Employee’s Signature             / Date

____________________________________________________ /   ________________________
Appropriate Vice President, or when applicable, the President   / Date