

**Saddleback College
Faculty Development Funding Evaluation**

Name:

Division:

Phone:

E-Mail Address:

Activity Title:

1. Which of the following areas was enhanced by your participation in this activity?

Maintenance of knowledge and skills

Retraining to meet changing institutional needs

Courses and training implementing Affirmative Action and upward mobility programs

Development of innovations in instructional and administrative techniques and program effectiveness

Computer and Technological proficiency programs

Improvement of instruction

Intersegmental exchange programs

In-Service training for vocational education and employment preparation programs

Other activities related to educational and professional development

2. Please provide a brief summary of your experience. (i.e. What did you do? What did you learn? What kind of materials did you obtain?)

3. How did this activity benefit you, your students, and/or Saddleback College?

4. How will this information be shared or disseminated?

5. If applicable, would you recommend this activity to your colleagues? Yes No

Comment:

Faculty's Signature/Date

File Date (Office)

