



York Technical College

Faculty/Staff Development
Activity Evaluation Form

To be submitted within 30 days of completion of project to Professional Development
Organizational Coordinator

Date:	
Name:	
Activity Title:	
Activity Number:	
Status of Activity:	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed (Explain)
Amount Budgeted:	
Amount Spent:	
Demonstrate through appropriate documentation the outcomes of your activity and the extent to which your activity was effective in meeting your stated needs.	
Description of Activity:	
Outcomes (Benefits gained by the College, our students, your department and you)	
Supervisor's Signature	Date

