**Faculty Development Activity Participation**

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| **PART I: Activity Information** | | | | | | | | |
| **Activity type:** | |  | | **Location:** |  | | **Semester:** |  |
| **Title:** |  | | | | **Provider:** |  | | |
| **Start date/time:** | | |  | | **End date/time:** |  | | |
| **FD Coordinator/ Course Director:** | | |  | | **Signature:** |  | | |

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| **PART II: Participants** | | | | |
| **Sr#** | **Faculty Name** | **ID No.** | **Department** | **Signature** |
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| **PART III: Event Summary Report** | | | |
| **Observations** | | | **Tick if applicable** |
| **Expected outcomes were demonstrated** | | | **□** |
| **The activity is relevant to the work domain** | | | **□** |
| **The activity fulfills departmental needs** | | | **□** |
| **The activity was conducted as scheduled** | | | **□** |
| **Activities of the event were satisfactorily paced** | | | **□** |
| **The provider delivered the activity satisfactorily** | | | **□** |
| **Supporting materials were provided** | | | **□** |
| **Several departments benefitted from the activity** | | | **□** |
| **Similar activities are recommended** | | | **□** |
| **Others (if any):** | | | |
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|  | | | |
| **FD Coordinator:** |  | **Signature:** |  |