

**Faculty Evaluation and Development (FEAD) Grant
EVALUATION OF ACTIVITY**

Name: _____ Date: _____

Department: _____

Date(s) of funded activity: _____

Faculty whose professional development projects have been funded by FEAD grants are required to briefly evaluate the activity in writing **within one academic semester upon completion of the project**. Copies of the report are to be submitted to the Office of the Associate Vice President for Academic Affairs.

Please provide a *brief* summary of professional development activities supported by your FEAD grant.

**Return report to: Todd Pagano (tepnst@rit.edu)
within one semester of the date(s) of the funded activity, above.**