

EVENT FORMATION ASSESSMENT FORM



NEIGHBORHOOD PROGRAM

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THE PTS NEIGHBORHOOD COLLABORATIVE

Event Formation Assessment Form

***For non-degree programming only.**

This form is to be completed for all events offered by each Institute/Center/Initiative/Office. This form will be used by the VPSICE and Neighborhood Collaborative Program Directors to assess the use of the essential elements of formation in individual events. This form is to be completed within two weeks of each event by the Program Director for each Institute/Center/Initiative/Office. It encourages you to copy and paste your responses from word, so you do not lose your work.

EVENT FORMATION ASSESSMENT FORM

* Name of Institute/Center/Initiative/Office:

* Name of Event:

Date of Event:

01. January 01

* Name of Program Director Completing Form:

* Email Address of Program Director:

Date Submitted:

01. January 13 2025

Reviewed By:

1. How did this event support the mission and vision of PTS?

2. How did this event support the mission and vision of the Neighborhood Collaborative?

3. Name at least three outcomes rooted in the essential elements (formation document) for this event?

- A. Formation Outcome 1:
- B. Formation Outcome 2:
- C. Formation Outcome 3:

4. How were these formation outcomes assessed?

5. Based on your assessment data, what did you learn? To what extent were the outcomes met?

6. Based on what you have learned, what if anything would you do next time?

SUBMIT

** required*

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