

**EDUCATIONAL & CHAPTER DEVELOPMENT PROGRAM REPORT**

COMPLETE THIS FORM IN ITS ENTIRETY – NEATLY PRINT ALL INFORMATION

NAME OF FRATERNITY/ SORORITY: \_\_\_\_\_

NAME OF PERSON COMPLETING THIS FORM: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PROGRAMMING CATEGORY**

CHECK ONE:  SPRING  FALL

**EDUCATIONAL PROGRAMS (80% ATTENDANCE):**

- Alcohol & Drug Education
- Sexual Assault
- Anti-Hazing
- Diversity

**CHAPTER DEVELOPMENT PROGRAMS (50% ATTENDANCE):**

- Academic or Professional Success
- Leadership
- Ritual or Values Education
- Safety
- Other: \_\_\_\_\_

**PROGRAM INFORMATION**

Date of Program: \_\_\_\_\_ Location: \_\_\_\_\_

Name & Title of Presenter: \_\_\_\_\_

Description of Program: \_\_\_\_\_

What was the goal in hosting this particular program? Was this goal achieved?

What went well and what could have been improved?

Total Number Of Members And Associate Members On Current ICS Roster: \_\_\_\_\_

Number Of Members And Associates Attending: \_\_\_\_\_ PERCENTAGE: \_\_\_\_\_