



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: <input type="checkbox"/> SPRING <input type="checkbox"/> FALL	
EDUCATIONAL PROGRAMS (70% ATTENDANCE):		CHAPTER DEVELOPMENT PROGRAMS (50% ATTENDANCE):	
<input type="checkbox"/> Alcohol & Drug Education	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Academic or Professional Success	<input type="checkbox"/> Leadership
<input type="checkbox"/> Anti-Hazing	<input type="checkbox"/> Diversity	<input type="checkbox"/> Ritual or Values Education	<input type="checkbox"/> Safety
		<input type="checkbox"/> 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 Roster: _____

Number Of Members And Associates Attending: _____ PERCENTAGE: _____