

asucd Staff Development Analysis Form

Name(s) _____ Unit/Commission _____

Location _____ Date(s) _____

Name of program/event/course/training/conference _____

Have you been to this program/event/course/training/conference before? (Y or N) _____

Total cost (please break down of lodging, food, registration, etc.):

Please list at least 4 things you hope to learn during this occasion:

Please explain how you'll bring back what you learned and share it on-campus: