

# New York State/Graduate Student Employees Union Professional Development Program Evaluation

This Evaluation must be submitted within 30 days after completion of the project or activity funded with the NYS/GSEU Professional Development Program (PDP) funds. Failure to submit the Evaluation may result in not being considered for Professional Development Program funds in the future. After filling out this application form, print, sign and submit it as directed at the bottom of the form.

Award Period: \_\_\_\_\_ to \_\_\_\_\_

## Part A: Applicant Information

1. Name \_\_\_\_\_  
Last First MI

2. Mailing Address \_\_\_\_\_  
Street Apartment/Unit #

\_\_\_\_\_ City State Zip Code  
3. Phone No. (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

4. Work Address \_\_\_\_\_

5. Email \_\_\_\_\_

6. Academic Department/Program \_\_\_\_\_

7. Assistantship Type: Teaching Assistant Graduate Assistant No. of Hours \_\_\_\_\_

## Part B: Project / Activity Information

1. Date of project/activity: from \_\_\_\_\_ to \_\_\_\_\_  
mo. / date / yr. mo. / date / yr.

2. Please check the category for which funds were awarded:

- |  |   |
|--|---|
| Research (basic, applied, historical)            | Internship                              |
| Curriculum or instructional material development | Course work                             |
| Workshop or seminar attendance                   | Artistic or creative endeavor           |
| Conference attendance (without a formal role)    | Preparation of material for publication |
| Conference participation:                        | Grant proposal development              |
| Presiding  | Other Specify _____                     |
| Presenting                                       |   |
| Other formal role. Specify: _____                |   |

3. Project or activity title. (List the name of seminar, workshop, etc. if applicable.)

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4. Did you complete the project or activity? \_\_\_ Yes \_\_\_ No

A. If Yes, was your project or activity objective achieved? \_\_\_ Yes \_\_\_ No

B. Briefly describe how the project or activity contributed to your professional development in 250 words or fewer.

C. If you did not complete your project or activity or achieve your objective, briefly explain why it was not completed or how the objective could have been achieved.

**Part C: Expenditure Summary**

A. Amount Awarded: \_\_\_\_\_ PDP Funds \_\_\_\_\_ Other Sources \_\_\_\_\_ TOTAL

B. Amount Expended: \_\_\_\_\_ PDP Funds \_\_\_\_\_ Other Sources \_\_\_\_\_ TOTAL

**Part D: Comments or Recommendations**

Please provide comments or recommendations pertaining to the Professional Development Program or for other professional development opportunities.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Send this Evaluation to:

Email: nysgseulmc@oer.ny.gov

Mail: NYS/GSEU Professional Development Program  
2 ESP, 11th Floor  
Albany, NY 12223