

Prepared By

FY 2021 PD DOCUMENTATION PACKET COVERSHEET

Adult Education Program Name							
Event Title							
Event Location and Address							
Date(s)							
Event Logistics	Start Time End Time		nd Time	Total GALIS Participants			
	Total Contact Hours (do not include breaks 30+ minutes in calcula			on) GALIS CRN (do not submit packet until event is entered in GALIS)			
EVENT DESCRIPTION AND PLANNED RESULTS							
Trainer Name(s):							
Event Purpose:							
Planned learning c	nd/or perfo	rmance out	comes for	participant	s:		
Description of event evaluation and participant learning assessment:							
	Rental = T		Trainer Fee =		Materials =	Lodging =	
EVENT EXPENSES	Registration Fee =				Total Expenses =		
	Other =				Cost per Participant =		
PACKET CHECKLIS	ST Check ite	ms included in t	this packet. I	tems marked	with (*) are require	ed for federal compliance.	
☐ Attendee Sign-In S				rmation is acceptable for submission when attending an ebinar or conference.			
□ Event Agenda*		An event description or program booklet is acceptable for submission if an agenda was not provided.					
□ Event Evaluation Forms*		If evaluation forms are not available, e.g. webinar or conference, participants are to complete the state's standard evaluation form for packet submission.					
□ Presenter Handouts							
the packet to: Kyn	shasa McDar	niel – Federal c	and State P[D Records, O	ffice of Adult Edu	sg.edu or mail a copy of acation, Technical College 1654 if you have questions.	
Packet	Name and Title			Phone and E	mail Address	Signature	
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