



# Lake-Sumter State College

## SPD RECIPIENT'S EVALUATION FORM

Year \_\_\_\_\_ SPD No. \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Title of Program/Conference: \_\_\_\_\_

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

Total Cost of Program (Including Travel): \_\_\_\_\_

Description:

Benefits Gained and Projected Use of Information:

Methods of Sharing Information with LSSC Employees:

Recommend for future attendance:  Yes  No Why?

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Vice President