## Course Coordination Liaison Workshop Report Form

**Upon conclusion of the department CCL Gen Ed SLO workshop,**

**Please send this completed form to your CCL Gen Ed Committee member and your department chair.**

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|  Workshop Date/Time Frame: |
|  Name of CC Department Liaison/Department: |
|  Name(s) of Faculty Leading the Workshop: |
|  Name(s) of Faculty participating in the Workshop: |
|  Number of full-time and adjunct faculty participating in the Workshop: Full-time Faculty Adjunct Faculty  |
|  Number of full-time and adjunct faculty teaching the course(s) utilized in the Workshop: Full-time Faculty Adjunct Faculty  |
| Course Name/Number: |
| State the Gen Ed SLO:  |
| Workshop Objective: |
| Workshop Methodology:  |
| Workshop Assessment:  |
| Follow-up Action (generated from Workshop) |

Resources for Effective Workshop Design are found on OpenLab webpage:

[..\CC Wkg Grp Spring 2015\Train the Trainers\_Living Lab.docx](../CC%20Wkg%20Grp%20Spring%202015/Train%20the%20Trainers_Living%20Lab.docx)