

# EVENT PLANNING FORM

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## THE PTS NEIGHBORHOOD COLLABORATIVE

### Event Planning Form

**\*For non-degree programming only.**

This form is to be completed for all events offered by each Institute/Center/Initiative/Office and will be shared by the VPSICE and Neighborhood Collaborative Program Directors for the purpose of assessment and planning. This form is to be submitted to VPSICE three months prior to the event by the Program Director. IT encourages you to copy and paste your responses from word, so you do not lose your work.

## EVENT PLANNING FORM

\* Name of Institute/Center/Initiative/Office:

\* Name of Event:

Date of Event:

01. January	01
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\* Name of Program Director Completing Form:

\* Email Address of Program Director:

Date Submitted:

07. July	27	2025
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Reviewed By:

1. How did this event support the mission and vision of PTS?

2. How did this event support the mission and vision of the Neighborhood Collaborative?

3. Name at least three outcomes rooted in the essential elements (formation document) for this event?

A. Formation Outcome 1:  
B. Formation Outcome 2:  
C. Formation Outcome 3:

4. How will the formation outcomes be assessed?

SUBMIT

\* *required*

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