



**Shasta  
College**

**HUMAN RESOURCES OFFICE**

Patricia Demo, Associate Vice President of Human Resources  
Telephone: 242-7649

Date: August 1, 2011  
To: Faculty  
From: Patricia Demo, Associate Vice President of Human Resources  
Re: Fall 2011 FLEX Day Activities

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The professional development committee, "Invest In Our People," is pleased to offer Shasta College faculty a variety of workshops during the Fall 2011 FLEX day on Friday, August 12, 2011. In order to provide workshops that are enriching and interesting, we need feedback from you. Please take a minute to fill out the evaluation form on the reverse side of this memo. You will also find the In-Service Attendance form, which must be completed to receive credit for your participation in the day's activities.

The committee would like to welcome you back and wish you a great Fall semester. Please feel free to contact any member of the committee: Johanna Anderson, Candace Byrne, Patricia Demo, Teresa Doyle, Roger Gerard, Debbie Goodman, Shelly Presnell, Cindy Sandhagen, and Diane Yorks.

**IN-SERVICE ATTENDANCE FORM**  
**SPRING SEMESTER FLEX DAY – August 12, 2011**

Name: \_\_\_\_\_

Division: \_\_\_\_\_

Participation in the following activities: (Please Mark each one attended)

\_\_\_\_\_ State of the College Address

\_\_\_\_\_ SLO Department Meeting

\_\_\_\_\_ AM Workshops

\_\_\_\_\_ PM Workshops

\_\_\_\_\_ PM Workshops

\_\_\_\_\_ Division Meeting

**Total Number of Flex Hours:** \_\_\_\_\_

*(Six hours required for full-time assignment)*

**Counseling (in lieu of Flex):** \_\_\_\_\_

**Sick/P.N.** \_\_\_\_\_

*(Specify and file absence form)*

COMPLETED FLEX DAY

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Dean Signature

\_\_\_\_\_  
Date

**\*\*\*\*Return the completed form (with Dean's signature) to the Human Resources  
Office Mailbox or Office (Room 121)\*\*\*\***

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**EVALUATION REPORT-August 12, 2011 FLEX DAY**

Please rate the following activities on a scale of **1 to 10** with **1** being the worst and **10** being the BEST EVER attended! (Circle the number to rate each activity)

1 2 3 4 5 6 7 8 9 10

State of the College Address

1 2 3 4 5 6 7 8 9 10

SLO Department Meetings \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10

AM Workshops \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10

PM Workshops \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10

PM Workshops \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10

Division Meeting \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10

FLEX DAY Overall Impression

Comments: \_\_\_\_\_

Future Topics of Interest: \_\_\_\_\_

Any Topic You Would Like to Present? (Please, include name so we can contact you) \_\_\_\_\_

This form may be submitted as a whole or separately (if you wish your evaluation to be anonymous). Your evaluations / comments will be used to make future flex activities worthwhile and meet the instructional improvement needs of faculty.

**\*\*\*\*Return the completed form (with Dean's signature) to the Human Resources  
Office Mailbox or Office (Room 121)\*\*\*\***