

## **Clery/ Title IX Program Report**

Please submit this report in a timely manner from the program presentation date to insure accurate reporting. If you have any questions please contact Officer Joe Thornton at (936) 294-1065 or via email at [jft010@shsu.edu](mailto:jft010@shsu.edu) .

**All fields are mandatory and must be completed.**

### **CONTACT INFORMATION:**

Individual/Group/Organization: \_\_\_\_\_

Presenter's Full Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **PROGRAM/PRESENTATION INFORMATION:**

Date of Presentation: \_\_\_\_\_

Type of Presentation:

Awareness Program to prevent

Bystander Intervention Program for

Ongoing Prevention & Awareness Campaigns for

Primary Prevention Programs for

Risk reduction for

If other was selected, list the topics presented:

Number of Attendees: \_\_\_\_\_

Synopsis of the Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was a program evaluation conducted?

If yes, were the evaluations assessed for program improvement?

Submit