**Faculty-led Study Abroad Post-Program Reporting**

Faculty instructor of record, Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course title & course number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other accompanying UMass staff members \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If multiple sites, list city name and dates for each)

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***I. Program Recap*** *(you are encouraged to respond with an attachment)*

* What went especially well with the academics, course structure, delivery?
* What would you plan to change if the program was to be offered again?
* What was IPO support was most helpful? What can be added/changed for IPO support to be more effective?
* Under what circumstances would you lead the same program again?

***II. Incident Reporting*** *(response* ***required****)*

The university is required by law to provide the following information on study abroad programs as part of campus Clery Reporting. Sign and return the form w/attachments to the International Programs Office within 30 days of program end date. (intl\_programs@umassd.edu)

**☐ 1) No incidents to report**

**☐ 2) Incident details attached as below**

* Brief description of each incident that occurred during the program and note if the person affected was student/staff/non-affiliated.  State the date, approximate time, name of person/s involved and any actions you took.  Note if the incident was concluded/resolved and if not what the continuing issues are.
* City/Address/telephone for local police and name of chief or other primary contact person (attach copies of any police report filed)
* Name/address/telephone of accommodations
* Also note (and distinguish from above) any crime or incident that occurred to a member of the public or in an area adjoining areas in regular use by class participants.

**Signature and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**