

VIDEO CONNECTIVITY REPORT FORM

Form 12/97-1

Reporting Site (Host Site): _____

Date of Form Completion: _____

Date of Event: Start _____ End _____

Time: Start: _____ End _____ Days: M T W Th F S Su

Connection: Digital _____ Analog _____ Both _____

Participating Sites: _____ Number of Participants: _____

Host Site: _____

Site 2: _____

Site 3: _____

Site 4: _____

Site 5: _____

Activity Name/Course Name & Number: _____

Purpose of Activity:

Credit Class (# of credits):

High School _____ College UG _____ CEU _____ College Grad _____

Meeting:

Workshop/Seminar _____ Community Education _____

Other: _____

Display Arrangement:

Quad Lecture _____ Sound Activated _____ Chair Control _____

Rate of Transmission: _____

Problems Encountered:

Description: _____

Reported to: _____

How resolved: _____

_____ TAG

Coordinator's Notes: _____
