

Student Health Center Outreach Attendance Form

Student name:

Course/Instructor for which I am participating in this outreach event:

Date attended:

Event staff signature:

Name of the event:

The purpose of this event was:

Three skills/points/facts/strategies I learned in this outreach were:

- 1.
- 2.
- 3.

One technique I practiced during the week after the session was:

Practicing this technique will help me in the following way: