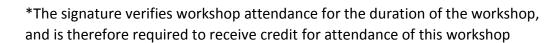


EOPS/CARE Student Workshop/Event Summary & Attendance Verification Sheet

	Student Name						
	Student ID A#						
	Date of Workshop						
	Location						
	Time						
-							
Name	e of Presenter (print)						
Signature of Presenter*							
4) DI	list thus (2) takes						
A) Please list three (3) takeaways: 1							
	1						
	2						
	3						





EOPS/CARE Workshop/Event Summary and Attendance Verification Sheet

B) The information presented today will be useful to me as a college student and/or parent:				
Please circle one of the options below:				
Yes				
Somewhat				
No				
C) Please explain:				
Additional Comments:				

Please return to the EOPS/CARE front counter office upon completion of this form, within 2 business days. Thank you for your participation.