



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



Student Name	
Student ID A#	
Date of Workshop	
Location	
Time	

Name of Presenter (print) \_\_\_\_\_

Signature of Presenter\* \_\_\_\_\_

A) Please list three (3) takeaways:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*The signature verifies workshop attendance for the duration of the workshop, and is therefore required to receive credit for attendance of this workshop



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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:

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Additional Comments:

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