

# Outreach Program Request Form

TO BE FILLED OUT BY PERSON REQUESTING PROGRAM OR

SPECIFY PROGRAM OR SERVICE YOU ARE REQUESTING:	
LIST OBJECTIVES FOR REQUESTED SERVICE OR PROGRAM:	
PROGRAM DATE:	PROGRAM LOCATION:
PROGRAM START TIME:	NUMBER OF PARTICIPANTS EXPECTED TO ATTEND:
PROGRAM LENGTH:	DATE OF REQUEST:
REQUESTER'S NAME:	POSITION/TITLE:
DEPARTMENT:	
PHONE NUMBER:	FAX:
MAILING ADDRESS:	
SPECIAL INSTRUCTIONS:	
ADDITIONAL NEEDS:	

TO BE COMPLETED BY THE STAFF WHO DOES THE OUTREACH

SERVICE PROVIDER'S NAME(S):			
DATE OF PRESENTATION:			
<u>TYPE OF PROGRAM OR SERVICE PROVIDED</u>			
CLASS PRESENTATION _____	ORIENTATION _____	WORKSHOP _____	RA TRAINING _____
GROUP FACILITATION _____	CONSULTATION _____	INFO TABLE _____	OTHER/SPECIFY _____
<u>PARTICIPANTS</u> FILL IN NUMBER AND TYPE(S):			
CSU STUDENTS _____	CSU STAFF _____	CSU FACULTY _____	OTHER/SPECIFY _____
<u>HANDOUTS DISTRIBUTED</u> FILL IN TYPE & NUMBER:			
CC BROCHURE _____	_____	_____	_____
_____	_____	_____	_____
SUMMARY OF PROGRAM PRESENTED ( <i>what you did</i> )::			
COMMENTS ON PROGRAM OUTCOME( <i>how program turned out/was received</i> ):			
I CONDUCTED AN EVALUATION OF THIS SESSION	Yes	No	NA