Outreach Program Request Form

TO BE FILLED OUT BY PERSON REOUESTING 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:								
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TO BE COMPLETED BY THE STAFF WHO DOES THE OUTREACH								
SERVICE PROVIDER'S NAME(S):								
DATE OF PRESENTATION:								
TYPE OF PROGRAM OR SERVICE PROVIDED								
CLASS PRESENTATION	ORIENTATION					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		
HANDOUTS DISTRIBUTED								
FILL IN TYPE & NUMBER:								
CC Brochure								
								
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I CONDUCTED AN EVALUATION OF THIS SESSION YES NO NA								
I CONDUCTED AN EVALUATION	OF THIS SESSION	1 LS	140	NA				
PLEASE MAIL COMPLETED REQUESTS FORMS TO: OUTREACH COORDINATOR COUNSELING CENTER UN220 OR EMAIL TO: counseltest@csuohio.edu								
Please submit outreach requests at least 30 days prior to the program date								