



Current Semester: FA____ SP____

EOP&S/CARE WORKSHOP PARTICIPATION FORM

Name: _____ Student ID# _____

Workshop Title: _____

Date/Time of Workshop: _____

Workshop Facilitator (Please Print): _____

Workshop Facilitator's Signature: _____

- Describe three main points you learned or discovered in this workshop.

1. _____
2. _____
3. _____

- How will you apply this information in your studies or in your everyday activities?

