

Introductory Activities Report Form

Share Your Activities

College/University: _____ State: _____

Sponsoring organization(s):

Contact persons:

Student:

Name: _____ Email _____ Phone _____

Faculty/staff advisor (If applicable):

Name: _____ Email _____ Phone _____

Topic:

Goal or Objective:

Description of Activity:

(Please attach any supporting material, handouts, etc.)

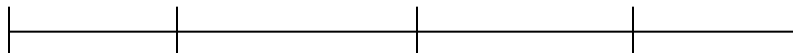
Estimated Time for Activity:

In your opinion, how effectively did this activity help people become prepared for the remainder of the dialogue and achievement of the goal?

Very effective

Moderately effective

Not effective



Any changes you might recommend to make the activity more effective?