



Outreach Request Form

Please fill in all fields and when completed, email or fax to the Counseling Center.

Email: couns201@uci.edu or Fax: 949.924.6586

ORGANIZATION/DEPARTMENT NAME: _____

Contact Person:

Name: _____ Email: _____ Phone: _____

Staff/Faculty Advisor: _____ Phone: _____

Location of Event: _____

AUDIENCE MEMBERS:

- | | | |
|-------------------------------------|---|-------------------------------|
| <input type="radio"/> Students | <input type="radio"/> Teaching Assistants | <input type="radio"/> Staff |
| <input type="radio"/> Student Staff | | <input type="radio"/> Faculty |

SERVICE REQUESTED: (select one, i.e. Workshop/Training, Presentation, or General Outreach)

- | | | |
|--|--|--|
| <input type="radio"/> Workshop/Training | <input type="radio"/> Presentation | <input type="radio"/> General Outreach |
| | <input type="radio"/> Panel Discussion | <input type="radio"/> Health Fair |
| | <input type="radio"/> Guest Lecture | <input type="radio"/> Information Fair |
| | <input type="radio"/> Student Orientation | <input type="radio"/> Mental Health Screening |
| | <input type="radio"/> SPOP | <input type="radio"/> General Outreach – Other |
| | <input type="radio"/> Brief Classroom Presentation | |
| | <input type="radio"/> Presentation – Other | |

TOPIC REQUESTED: (select one)

- | | | |
|--|---|---|
| <input type="radio"/> Abusive Relationships | <input type="radio"/> Interracial/Interethnic Relationships | <input type="radio"/> Procrastination |
| <input type="radio"/> Academic Persistence for Underserved Populations | <input type="radio"/> Intimate Relationships | <input type="radio"/> Self-esteem |
| <input type="radio"/> Assertiveness Training | <input type="radio"/> LGBTQ | <input type="radio"/> Stress Management |
| <input type="radio"/> Communication Skills | <input type="radio"/> Living with Roommates | <input type="radio"/> Student Development |
| <input type="radio"/> Conflict Resolution | <input type="radio"/> Mediation Skills | <input type="radio"/> Suicide/Prevention |
| <input type="radio"/> Cross-Cultural Interactions | <input type="radio"/> Mental Health Issues (General) | <input type="radio"/> Team Building |
| <input type="radio"/> Depression/Suicide | <input type="radio"/> Multicultural Competence/Diversity | <input type="radio"/> Test Anxiety |
| <input type="radio"/> Intimate Partner Violence | <input type="radio"/> Orientation to Counseling Center | <input type="radio"/> Time Management |
| <input type="radio"/> Eating Disorders/Body Image | <input type="radio"/> Performance Enhancement | <input type="radio"/> Wellness |
| <input type="radio"/> Grief/Loss | | <input type="radio"/> Other: _____ |

DATE AND TIME: (please include a range of possible dates and times)

1st Choice:

2nd Choice:

3rd Choice:

Date: _____

Date: _____

Date: _____

Time: _____

Time: _____

Time: _____

Approximate Duration: _____

Approximate Number of Attendees: _____

Reason for Request:

(e.g., Requirement, Educational purpose(s), Interest, Help resolving an identified problem)

What areas do you specifically want addressed?

Comments:

~ Thank You ~