



Counseling and Prevention Resource Center

Outreach and Prevention Programming Request

Date of Request: _____ Name of Requestor: _____

Organization, Department or Class needing Program: _____

Contact Person Name: _____ Phone: _____

Email Address: _____

Type of Outreach Program Needed:

- CPRC Services Presentation
- Mental Health Emergency Response and Prevention Orientation
- Psychoeducational Presentation/Workshop/Training
- Psychoeducational Material
- Tabling Event
- Mental Health or Youth Mental Health First Aid class
- Other: _____

Desired Program Topic(s)/Material(s): _____

Requested Length of Program: _____

Location of Program: _____

Date of Program (option to list a few possible dates, if flexible): _____

Time of Program (option to list a few possible times, if flexible): _____

Estimated Audience Size: _____

Type of Audience/Program or Department:

Addtl. Characteristics and/or Needs of the Audience:

Students: _____

Faculty: _____

Staff: _____

Other: _____

Was this request prompted by a particular situation or event in your program or department? If so, please briefly describe the situation that led to requesting this program: _____

Audio/Visual Equipment Provided: Yes No Please Specify: _____

Special Requests for Program: _____

STAFF USE ONLY:

Confirmed; Date _____ Time _____ Assignment _____