



TRIO Student Support Services – Activity Reflection

Student Name (print): _____

S#: _____ Phone: _____

Student E-mail: _____

Note: Your official CCD email account is the only email CCD will accept for correspondence.

Name of the Workshop: _____

Date: _____ Time In: _____ Time Out: _____

Contact Type:

- In Person Phone Email Other/Online/WebEx

Please give a quick summary of the workshop you reviewed (3-5 sentences).

What is one thing you learned?

TRIO Student Support Services – Activity Reflection

S#: _____

What is something you will start doing because of this workshop?

Important: Once you've completed this reflection please email this page to your TRIO SSS Advisor to fulfill one of your two required TRIO SSS activities for the semester!

(If you're unsure of your advisor's email please email TRIOSSS@ccd.edu)

For Staff Uses Only

Staff Name: (Print Name): _____ (Signature): _____

Date: _____

Data Inputted:

EAB Data Entered by: _____ Date Entered: _____

Blumen Data Entered by: _____ Date Entered: _____

Filed by: _____ Date Filed: _____