Cabrillo College
CARE Program
Fall 2011
Workshop Verification Form

DATE: _____

STUDENT'S NAME: _____

TITLE OF WORKSHOP: _____

LOCATION: _____

PROGRAM SPONSORING: _____

DID YOU FIND THIS WORKSHOP HELPFUL: __YES __NO

PLEASE SUMMARIZE THE IMPORTANT POINTS OF THIS WORKSHOP:

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PLEASE REMEMBER TO TURN IN YOUR WORKSHOP VERIFICATION FORM ON A TIMELY MANNER