|  |
| --- |
| **Practicum Level:** [Level I]  |
| **Brief Title of event/activity:** | **Date of Event/activity:** |
| **Location of event/activity:** |
| **Purpose of Event/activity:** |
| **Describe event/activity:** |
| **Target audience of event/activity:** |
| **Numbers reached** | ***Please describe and provide numbers and ages as appropriate*** |
| Children (ages) | 0‐3 |  | 3‐5 |  | 6‐12 |  | 13‐18 |  |
| Parents |  | Providers |  |
| Others (specify) |  |
| **Is this a recurring event/activity?** | **If YES, what is the frequency?** |
| **How was the event/activity initiated and who initiated it?** |
| **What was your role?** |
| **Event Organizer:** |
| **Main Partner Organization:** |
| **Key Contact Name:** | **Title/Position:** |
| **Mailing Address:** | **Phone:** |
| **Email:** |

**List any other partner organizations, key contact and their contributions (materials, staff, facilities, facilitation, etc) and # of participants from the organizations (if applicable and as available):**

|  |  |  |
| --- | --- | --- |
| Organization | Key Contact | Contributions |
|  |  |  |
|  |  |  |
|  |  |  |

**Participating UCLA Staff (residents (please name), faculty, staff):**

**Evaluation ‐ What form of feedback did you obtain from participants (evaluation form, informal feedback, request for additional sessions, etc)? Did the event/activity meet its intended goal? Please attach evaluation link or documentation. Collate results and comment on outcomes.**

**What did you learn from this experience?**

**What would you do differently in the future?**

**Can you identify any opportunities for advocacy or quality improvement?**

**What follow up activities are planned?**

**Any Additional Comments?**

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