



Session Reporting Form

Please complete this form after you have led a Dementia Friends Information Session. Input the information below into the on-line reporting form at

https://uwmadison.co1.qualtrics.com/jfe/form/SV_a5FVsNJUCK9VRT7

Date of Session: _____

Location: _____

Start Time of Session: _____

Name of Champion(s): _____

Number of Dementia Friends made: _____

Which of the following describes the sector of individuals participating in the session? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Business Sector | <input type="checkbox"/> Library |
| <input type="checkbox"/> Civic Organization | <input type="checkbox"/> Medical/Health Care |
| <input type="checkbox"/> Community Members (<i>not affiliated with a sector</i>) | <input type="checkbox"/> Senior Housing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Social Service Organization |
| <input type="checkbox"/> Faith Community | <input type="checkbox"/> Youth/Teens |
| <input type="checkbox"/> Government | <input type="checkbox"/> Other Describe: |

Email Address of Dementia Champion: _____

Dementia Friends Wisconsin is a program of the Wisconsin Alzheimer's Institute at the University of Wisconsin. For more information, please contact Kate Kowalski at kmkowalski@wisc.edu or visit: www.wai.wisc.edu/dementiafriendswi