

Kati Schneider, LISW

Send requests to kati-schneider@uiowa.edu

Date of request: _____

Date of program: _____

Topic: (self-care, stress management, study habits, anxiety, depression, UCS informational; team building; interpersonal/relationships, other)

Structure of program request (i.e. informational booth, presentation, etc.)

Length of program request: _____

Target audience: _____

Goal of the program:

Are there specific concerns you are noticing leading to request: Yes No

If yes, please explain your observations:

Preferred modality: In Person Virtual

Location (if in person): _____

Requestors Information:

Name: _____

Class or Organization Name: _____

Phone: _____

Email: _____