

Session Notes

Completed for all residents before **Thanksgiving**. Any new residents or room change folks will need to be completed shortly after their arrival.

Resident Name: _____ Email: _____
Date/ Time: _____ Phone: _____

Topics of Discussion: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Academics | <input type="checkbox"/> Academic Major Selection |
| <input type="checkbox"/> Relationships | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Community & Civic responsibility | <input type="checkbox"/> Personal Health |
| <input type="checkbox"/> Drug and Alcohol Issues | <input type="checkbox"/> Financial Concerns |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Leadership | |
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Academic Success:

Leadership

Community Responsibility

Self Responsibility

Character

Follow Up Email: (needs to resident)

HD initials