



STEPS Event/Activity \_\_\_\_\_

Date of Event/Activity \_\_\_\_\_

Coordinator of Event/Activity \_\_\_\_\_

Committees Involved \_\_\_\_\_

Highlights of Event/Activity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Challenges of Event/Activity \_\_\_\_\_

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\_\_\_\_\_

What changes would you make for next time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return to the STEPS office within a week of STEPS Event/Activity. Thanks!