

Session Reporting Form

Please complete this form after you have led a Dementia Friends Information Session. Log on as a Champion and input the information into the on-line reporting form on the Dementia Friends Texas page of Dementia Friendly Fort Worth. (DFFW.org) or mail to Dementia Friendly Fort Worth 750 w. 5th St. Fort Worth, TX 76102.

Date of Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Name of building, street address, city, state, zip code)*

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)

|  |  |
| --- | --- |
| \_\_\_\_ Business Sector \_\_\_\_ Civic Organization \_\_\_\_ Community Members *(not* *affiliated with a sector)*\_\_\_\_ Education\_\_\_\_ Faith Community \_\_\_\_ Government  | \_\_\_\_ Library\_\_\_\_ Medical/Health Care\_\_\_\_ Senior Housing\_\_\_\_ Social Service Organization\_\_\_\_ Youth/Teens\_\_\_\_ Other Describe:  |

Email Address of Dementia Champion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_