

Kappa Kappa Iota STATE Empathy Report

TO: Regional Empathy Chair - **DATE DUE: May 5**

FROM:

Name

Office/Committee

State

The following numbers of empathy concerns have been responded to by the state during this reporting period: (by visit, phone, mail, phone or e-mail)

_____ Death of a member or a family member

_____ Illness of a member or a family member

_____ Marriage of a member or of a member's child

_____ Birth of a child or a grandchild

_____ Education: Degree, New Certification, Scholarship

_____ Career: Honor, Advancement, Promotion, Retirement

_____ Anniversary

_____ Birthday

_____ Thinking of You

_____ New Kappas Initiated

_____ Religious and Civic Honors

_____ Inactive Members Contacted

_____ Others

_____ TOTAL FOR REPORTING PERIOD

Please return this report as soon as possible to: (Regional Empathy Chair)