**Kappa Kappa Iota LOCAL CHAPTER Empathy Report**

TO: State Empathy Chair

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Office/Committee

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Local Chapter State

**DATE DUE: May 1**

The following number of empathy concerns have been responded to by the local chapter during this reporting period (by mail, phone, visit, 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: (State Chair)