

**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
- \_\_\_\_\_ Inactives Contacted
- \_\_\_\_\_ Others
- \_\_\_\_\_ TOTAL FOR REPORTING PERIOD

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