

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)