

**American Job Center Hawaii Rapid Response Event Summary Report**

**American Job Center:  Hawaii Island  Kauai  Maui  Oahu**

**Submitted By:       Signature: Date Submitted:**

**Reviewed By:       Signature: Date Reviewed:**

**Approved By:       Signature: Date Approved:**

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| **Employer and Session Information** | |
| Employer: |  |
| Industry: |  |
| Session Date: |  |
| Location/Address of Session: |  |
| Number of Attendees: |  |
| Number of Follow-up Appointments Scheduled for AJC Visit and Resource Use: |  |
| Session Facilitator (AJC Staff Member): |  |
| Session Facilitator’s Phone Number: |  |
| Session Facilitator’s E-mail Address: |  |

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| **State/County/Community Partners in Attendance** | |
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |

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| **Services/Programs of Interest** | |
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |

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| **Unusual Circumstances or Questions** |
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| **Suggested Improvements for Next Session** |
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| **Comments** |
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