

**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:**

|  |
| --- |
| **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: |       |

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

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

|  |
| --- |
| **Unusual Circumstances or Questions** |
|       |

|  |
| --- |
| **Suggested Improvements for Next Session** |
|       |

|  |
| --- |
| **Comments** |
|       |