**- PEER COUNSELING ONLINE / FACE TO FACE INTERVIEW FORM -**

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| Meet Event Date / Time / Duration / Place: |  |
| How did you reach the students? (email, phone, class visit, etc.) |  |
| Those who declared that they will attend the event: |  |
| Participants of the event: |  |
| Non-Participants Without Excuse: |  |
| **Interview Notes:**1. Briefly describe the general flow of the event. What did you do? What do they think about peer counseling? Are they willing?

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Peer Advisor Name Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: