

Well-being Leadership Award Progress Tracker

Keep track of your progress in the Well-being Leadership Award by entering the information for each area you fulfill. This document may also be useful when compiling your reflection paper.

IMPORTANT: *Submit this sheet along with your Reflection Paper to confirm your attendance at each workshop.*

Name:

PID:

EMOTIONAL WELLNESS

Program Title:

Date Attended: Location:

Information I will take away from attending this program (enter up to three items):

- 1.
- 2.
- 3.

ENVIRONMENTAL WELLNESS

Program Title:

Date Attended: Location:

Information I will take away from attending this program (enter up to three items):

- 1.
- 2.
- 3.

FINANCIAL WELLNESS

Program Title:

Date Attended: Location:

Information I will take away from attending this program (enter up to three items):

- 1.
- 2.
- 3.

QUESTIONS?

Contact Zarah Rubio at:
858-822-7618 or zrubio@ucsd.edu

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INTELLECTUAL WELLNESS

Program Title:

Date Attended: Location:

Information I will take away from attending this program (enter up to three items):

- 1.
- 2.
- 3.

OCCUPATIONAL WELLNESS

Program Title:

Date Attended: Location:

Information I will take away from attending this program (enter up to three items):

- 1.
- 2.
- 3.

PHYSICAL WELLNESS

Program Title:

Date Attended: Location:

Information I will take away from attending this program (enter up to three items):

- 1.
- 2.
- 3.

SOCIAL WELLNESS

Program Title:

Date Attended: Location:

Information I will take away from attending this program (enter up to three items):

- 1.
- 2.
- 3.

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SPIRITUAL WELLNESS

Program Title:

Date Attended: Location:

Information I will take away from attending this program (enter up to three items):

- 1.
- 2.
- 3.

LEADERSHIP DEVELOPMENT

Program Title:

Date Attended: Location:

Information I will take away from attending this program (enter up to three items):

- 1.
- 2.
- 3.

LEADERSHIP DEVELOPMENT

Program Title:

Date Attended: Location:

Information I will take away from attending this program (enter up to three items):

- 1.
- 2.
- 3.

QUESTIONS?

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