

Training Report (Event and Date)

1. Please list all Trainers involved with this event:

Trainer _____ Agency/Affiliation _____

Trainer _____ Agency/Affiliation _____

Trainer _____ Agency/Affiliation _____

Trainer _____ Agency/Affiliation _____

2. Date of Training: _____

3 Location of Training (City/Place) : _____

4. Number of participants:

5. Group trained: (please list name of agency or community group) _____

6. Participant demographics:

- Police MH Staff Consumers
 Fire Fighters Family Members Civic Group
 EMTs Students
 Other Human Services Organization (please indicate _____)
 Other First Responders (please describe _____)
 Other (please describe _____)

7. Training modifications made for this delivery, including content or media added, if any: (It will help the learning community to learn how others are building on the basic training to meet the needs of different audiences.)

8. Sample of evaluation responses: (Here is a place to excerpt some of the comments that your trainees made in their evaluation of the workshop.)

9. Your observations: (Here is a place for you to share what you learned or observed, and to pass on what you are learning to other trainers in our learning community.)

10. What kind of technical assistance or support , if any, do you need to continue providing trainings like these?

Please submit report to