

Training Activity Summary

1. Date of Training: _____

2. Total number of trainees who attended the training: _____

2a. How many trainees were people in the mental health field (or related) trained in practices/activities consistent with the goals of the grant _____

2b. How many trainees received training in prevention or mental health promotion _____

3. Number of trainees with primary role in each setting (*each participant should only be counted in one category*):

Education (K-12): _____

Childcare (Head Start, Daycare): _____

Juvenile justice/probation: _____

Primary health care: _____

Tribal services/tribal government: _____

Child welfare: _____

Mental health: _____

Other community settings: _____

If other, please describe: _____

4. Name of training: _____

5. Name and Zip Code of location where training was held:

Name: _____ Zip Code: _____

6. Name of Training (please select one):

Incredible Years (3-6 years curriculum): _____

Incredible Years (Infant curriculum): _____

ASQ-3: _____

ASQ-SE: _____

Parent Café: _____

Mental Health Consultation: _____

Other: _____

If other was selected, please select one of the following:

Screener training: _____

Clinical intervention/treatment training: _____

General awareness training: _____

7. What is the primary intended outcome for participants of this training?

To screen youth for evidence of behavioral or mental health conditions: _____

To identify youth who might be at risk of behavioral/mental health conditions:

To provide direct services to youth/families at risk of behavioral/mental health conditions: _____

To train other staff or community members: _____

To make referrals to mental health/behavioral health services for at risk youth/families: _____

To support education/childcare staff in identifying and assisting youth and families who might be at risk of behavioral/mental health conditions: _____

Other: _____

If other, please describe: _____

8. Total duration of training: _____ hours, _____ minutes

9. Is this a train the trainer event?

Yes: _____

No: _____

10. Is this an online training?

Yes: _____

No: _____

11. Is this a booster or follow up training?

Yes: _____

No: _____

If no was selected, are there plans to conduct follow up or booster training sessions in the future?

Yes: _____

No: _____