

Training Date: _____

Trainer: _____

Great Lakes FASD Regional Training Center Training Project Activity Reporting Form (TPAR) with Process Notes

Name of Individual Submitting Form	Date Form Submitted

TRAINING ACTIVITY

Date of Training: _____ Trainer(s): _____

Type of Training:

Skills Building Training (Pre-, Post-Eval, & Follow-up)

Title of Training: _____

Evaluation Attached (Y/N): _____

Length of Training (minutes: _____)

Number of Attendees: _____

Head Count

Registration List (Attached)

Competencies Covered	Est. # Minutes Spent Teaching Competency
I: Foundations of FASD	# Mins: _____
II: Screening and Brief Interventions	# Mins: _____
III: Models of Addiction	# Mins: _____
IV: Biological Effects of Alcohol on the Fetus	# Mins: _____
V: Screening, Diagnosis, and Assessment of FAS	# Mins: _____
VI: Treatment Across the Lifespan for Persons with FASDs	# Mins: _____
VII: Ethical, Legal, and Policy Issues	# Mins: _____

Perception of Audience Receptiveness:

What Went Well?

What Could Be Improved?

Additional Comments (Meaningful Quotation)?

OFFICE USE ONLY	<input type="checkbox"/> Presentation (Post-Eval Only)	<input type="checkbox"/> Diagnostic Experience (Pre-/Post-Eval)	<input type="checkbox"/> UW Preceptorship (Pre-/Post-Eval & F-Up)
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