

Implementation Project T/TA Activity Form

Definition: T/TA Activity form tracks "Substantial T/TA"--T/TA that requires substantial efforts from the T/TA provider and is tailored to the specific needs of the State/Tribe. Substantial T/TA is either on-site T/TA (of any duration) or other direct consultation (in-person or remote communication) totaling at least one hour in a single business day.

IP Title

State/Tribe/Territory participating in T/TA Activity	Select States/Tribes/Territories <input type="text" value="AL"/> <input type="text" value="AK"/> <input type="text" value="AR"/> <input type="text" value="CA"/> <input type="text" value="CO"/>	<input type="button" value="Click to ADD >>"/> <input type="button" value="<< Click to REMOVE"/>	Added States/Tribes/Territories <input type="text" value="Prefilled - able to edit"/>
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If other than the State/Tribal child welfare agency, specify the primary participant(s) in the IP (e.g., county or local jurisdiction, court, private agencies operation on behalf of the state, etc.)

Members of the T/TA Network involved in T/TA Activity

Lead T/TA Provider **Select other network members as needed**

Added other network members**NOTE**

These tabs are comprised of all providers for one event. If there are separate events, there will be separate forms.

IC1

Type of Entry	<input type="text"/>	Date(s) of T/TA Activity	Start <input type="text" value="mm/dd/yyyy"/>	End <input type="text" value="mm/dd/yyyy"/>			
If multi-day, # of on-site days:	<input type="text"/>	days (recorded by 1/2 day)					
Hours of contact	Day 1 <input type="text"/>	Day 2 <input type="text"/>	Day 3 <input type="text"/>	Day 4 <input type="text"/>	Day 5 <input type="text"/>	(recorded by 1/2 hour)	<input type="button" value="Add More Days"/>
Hours of contact delivered in collaboration with Network members	<input type="text"/>						Round to nearest 1/2 hour
Mode(s) of contact* (choose all that apply)	<input type="text"/>		Type of T/TA* (choose all that apply)	<input type="text"/>			
To which mode was the most time devoted?*	<input type="text" value="select one"/>						
Which type of T/TA was most important to this primary mode of delivery?*	<input type="text" value="select one"/>						
T/TA Direct Recipient* (choose all that apply)	<input type="text"/>		Step in Change Process*	<input type="text"/>			
Practice Area(s)* (choose all that apply)	<input type="text" value="Prefilled: Able to Edit"/>		Organizational/Systemic Area(s)* (choose all that apply)	<input type="text" value="Prefilled: Able to Edit"/>			
NRC/IC Optional Category	<input type="text" value="Select one"/>		NRC/IC Optional Category #2	<input type="text" value="Select all that apply"/>			
Did any peers (e.g., other States, Tribes, local jurisdictions) participate as providers in this activity?*	<input checked="" type="radio"/> Yes <input type="radio"/> No						
Peer T/TA Providers	<input type="text"/>						
Narrative Description of Activity	<input type="text"/>						
State/Tribal Contact*	<input type="text" value="Prefilled: Able to Edit"/>		Email*	<input type="text"/>		Phone*	<input type="text"/>
Contact Person at T/TA Provider*	<input type="text" value="Prefilled: Able to Edit"/>		Email*	<input type="text"/>		Phone*	<input type="text"/>
Optional Field	<input type="text"/>		Optional Field	<input type="text"/>		<input type="button" value="Cancel"/>	<input type="button" value="Save"/>