

# Center for Mental Health Services Session Reporting Form

## Instructions

### Instructions to Agency Staff/Trainers

The Center for Mental Health Services (CMHS) is committed to improving the mental health services delivered to HIV/AIDS affected populations and requests that you complete the attached Session Reporting Form. This form requests descriptive information on the education/training session and must be completed by agency staff or trainers at the end of each training session. The information collected will enable CMHS to evaluate the effectiveness of the effort in meeting its objectives to provide state-of-the-art information to a diverse mixture of training participants. CMHS and the sponsoring agency intend to use the information gathered from the evaluation to improve the quality of training and to ensure continued funding for HIV/AIDS provider education programs.

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions and completing the survey form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0195); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0195.

**Thank you, your help is appreciated.**