

Session Reporting Form (SRF)

Note: This is to be completed by a project administrator.

Form Approved OMB. No. 0930-0195 Exp. Date 01/31/2011

Date:/	Instructions: Please respond to the items by filling in the appropriate oval using a No. 2 pencil or dark blue or black pen.	
Title of Training or Conference		Correct Incorrect
 1. Language Spoken During Session (Ple English Spanish 2. Total Number of Participants in Session 	□ Both	
	THS Ethics curriculum 1HS "The Brain and Behavior" curriculum	Substance Use and HIV Neuropsychiatric curriculum Other Specialized curriculum
 4. Workshop Length (actual hours of train 5. Language of Evaluation Forms (<i>Please</i> English Spanish 		_
Co-sponsoring Organizations (Mark all None AIDS Education and Training Centers Hospital/Hospital-Based Clinic State/Local Health Department State/Local Office of Mental Health Professional Association Other	College or University Community Health Center Area Health Education Center CBO providing AIDS services Chemical Dependency Program	State/Local Department Public Welfare State/Local Drug/Alcohol Department HMO/Managed Care Organization Migrant Health Center Other MHCPE Program State/Local Department of Corrections
7. Please indicate the primary and secondary 1 2 Mental health aspects of HIV 1 2 Treatments for HIV disease 1 2 Adherence to treatment issues 1 2 Neuropsychiatric aspects of HIV 1 2 Culturally competent practices 1 2 Substance abuse issues 1 2 Epidemiology of HIV/AIDS 1 2 HIV disease progression 1 2 Pharmacological issues	1 2 HIV counseling and testing issues 1 2 Women and HIV 1 2 Prevention of HIV infection 1 2 Working with affected family/significant others 1 -	for primary, "2" for secondary). - 2 Children and HIV - 2 Taking a substance use history - 2 Severe mental illness - 2 Taking a sexual history - 2 Other sexually transmitted diseases - 2 Perinatal HIV transmission - 2 Older adults and HIV - 2 Other (specify, e.g., spirituality, rural populations)
For neuropsychiatric curricula only: 1 2 Central nervous system complicati 1 2 Cognitive and other mental disorde 1 2 Other	ers associated with HIV 1 2 Psychopharn	al factors affecting HIV medical status nacology and drug-drug interactions diagnosis of neuropsychiatric complication
For site use only:		12"

PLEASE TURN OVER

8. Instruments administered	(Mark all that apply)						
□ Participant Feedback Form							
☐ Site-specific forms: If yes, number of different forms							
9. Involvement of Disclosed	HIV-positive Individuals in Trair	ning (Enter numbers for each)				
Trainer (s)	Guest Speaker(s)	Panelist (s)	Video (s)				
Other							
	strategies/Methods employed. I ate time spent in hours and min			ted			
Case Studies	Panel D	iscussion —	— Small Group "Breakouts"				
Grand Rounds	Role Pla	ay	Interactive Exercises	(1)			
Lecture	Self-Inst	truction ———•——	Structured Discussions				
Question and Answer	Videos		_				
Other	4						
11. Educational Materials Dist	ributed to Trainees During Face	e-to-Face Sessions (Mark al	ll that apply)				
Pamphlets	Copies of overheads/s	lides Articles	Case studi	es			
Resource lists/director	ries Chart notes	Books	Curriculum Curriculum	materials			
○ Video tapes		Audio tar	oes Prevention	resources			
Other							
12 Distance Learning Modeli	ty/Method (Mark the single best	answerl					
☐ Telephone conference		anomory					
Telephone conference							
□ Video conference - in							
□ Video conference - N	lon-interactive						
Web-based training, e	excluding materials downloaded	from web sites	W.				
Other, please specify							
12 Participanto were asked to	s complete the following knowle	dae gein eestiene (Medrell t	hat apply)				
☐ Entire form	complete the following knowle	age gain sections (wark all ti	пат арріу)				
☐ Questions 1 to 20							
 □ Special Populations a 	nd Issues						
☐ HIV-Related Condition		8					
☐ Transmission and Pre							