**Form Approved**

OMB No. 0920-XXXX

Exp. Date:

Public Reporting burden of this collection of information is estimated at 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-24, Atlanta, GA 30333; Attn: PRA (0920-XXXX).

Attachment DDDD:

STUDENT PROGRAM MASTER TRAINER TECHNICAL ASSISTANCE TRACKING FORM

## *Dating Matters: Strategies to Promote Healthy Teen Relationships*™ Initiative

Division of Violence Prevention

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

MASTER TRAINER (MT) TECHNICAL ASSISTANCE TRACKING FORM

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| --- | --- | --- |
| **No** | **Questions** |  |
| 1 | **Dating matters site: Alameda CountY Baltimore Broward County Chicago** |  |
| 2 | **School NAME:** |  |
| 3 | **DATE TA REQUEST WAS MADE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| 4 | NAME OF MASTER TRAINER HANDLING TA REQUEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 5 | ID NUMBER OF MASTER TRAINER HANDLING THE TA REQUEST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 6 | TA REQUESTOR’S ROLE IN SCHOOL:  (*PLEASE CIRCLE ALL THAT APPLY*)  DM CURRICULA IMPLEMENTER PRINCIPAL EDUCATOR SCHOOL LIAISON FOR DM PROJECT DM PROGRAM MANAGER    Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 7 | **DURING WHAT PHASE OF THE DATING MATTERS INITITATIVE WAS THIS TA REQUEST MADE?**  YEAR 0 (PLANNING YEAR) YEAR 1 YEAR 2 YEAR 3 YEAR 4 |  |
| 8 | **TYPE OF TA REQUEST:**  **INITIAL (NEW) FOLLOW-UP**  IF FOLLOW-UP REQUEST, WHEN WAS THE INITAL REQUEST MADE :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 9 | THE TA REQUEST WAS RELATED TO WHICH OF THE FOLLOWING STUDENT CURRICULA:  (*PLEASE CIRCLE ALL THAT APPLY*)  **SAFE DATES (COMPREHENSIVE)**  **SAFE DATES (STANDARD)**  **CDC-DEVELOPED 7TH GRADE CURRICULA**  **CDC-DEVELOPED 6TH GRADE CURRICULA** |  |

|  |  |  |
| --- | --- | --- |
| 10 | WHAT WAS THE NATURE OF THE TA REQUEST?  (*PLEASE CIRCLE ALL THAT APPLY*)  **GENERAL IMPLEMENTATION ISSUES**  **CURRICULA DELIVERY ISSUES**  **CURRICULA CONTENT ISSUES**  **SCHEDULING CONFLICTS**  **DISCLOSURE OF SIGNIFICANT EVENTS**  **ISSUES WITH PARTICIPANT RETENTION**  **ISSUES WITH PARTICIPANT ENGAGEMENT**  **STUDENT BEHAVIOR PROBLEMS**  **OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

|  |  |  |
| --- | --- | --- |
| 11 | **HOW DID THE TA REQUESTOR CONTACT YOU?**  **TELEPHONE E-MAIL IN-PERSON** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 12 | **DATE TA WAS PROVIDED IN RESPONSE TO TA REQUEST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| 13 | **HOW WAS THE TA DELIVERED?**  **TELEPHONE E-MAIL IN-PERSON WEBINAR** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 14 | WHO WERE THE RECIPENTS OF THE TA  (*PLEASE CIRCLE ALL THAT APPLY*)  DM CURRICULA IMPLEMENTER PRINCIPAL EDUCATOR SCHOOL LIAISON FOR DM PROJECT DM PROGRAM MANAGER    Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 15 | WHAT WERE THE MASTER TRAINER TA RECOMMENDATIONS? |  |
| 16 | WHAT WERE SOME ACTION STEPS FOR THE TA RECIPENT AS A RESULT OF THE TA PROVIEDED? |  |
| 17 | WHAT WERE SOME ACTION STEPS FOR THE MASTER TRAINER AS A RESULT OF THE TA PROVIDED? |  |
| 18 | WERE THERE PLANS FOR ANY ADDITIONAL FOLLOW-UP?  YES NO |  |
| 19 | DID THE NATURE OF THE TA REQUEST REQUIRE YOU TO CONTACT ONE OR MORE OF THE FOLLOWING:  (*PLEASE CIRCLE ALL THAT APPLY*)  HAZELDEN TA PROVIDER SCHOOL LIAISON FOR DM PROJECT DM PROGRAM MANAGER  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |