

E19. Great Lakes FASD Regional Training Center Training Activity Reporting Form (TARF) with Process Notes

| Name of Individual Submitting Form | Date Form Submitted |
|------------------------------------|---------------------|
| | |

TRAINING ACTIVITY

Date of Training: _____ Trainer(s): _____

Title of Training: _____

Completed Pre/Post Evaluations Attached (Y/N): _____ Length of Training (minutes: _____)

Number of Attendees: _____

- Based on Head Count
 Per Registration List (Attached)

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

Perception of Audience Receptiveness:

What Went Well?

What Could Be Improved?

Additional Comments (Meaningful Quotation)?