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)?

The public reporting burden of this collection of information is estimated to average 2 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 NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (XXXX-XXXX)