

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)?