

NRC T/TA Activity Form

Definition: T/TA Activity form tracks "Substantial T/TA"--T/TA that requires substantial efforts from the T/TA provider and is tailored to the specific needs of the State/Tribe. Substantial T/TA is either on-site T/TA (of any duration) or other direct consultation (in-person or remote communication) totaling at least one hour in a single business day.

T/TA Recipient* **Select States/Tribes/Territories**

AL
AK
AR
CA
CO

Added States/Tribes/Territories

Click to ADD >>

<< Click to REMOVE

If other than the State/Tribal child welfare agency, specify the primary recipient of the approved T/TA (e.g., county or local jurisdiction, court, private agencies operating on behalf of the state, etc.):

Prefilled: Able to edit

Members of the T/TA Network involved in T/TA Activity

Lead NRC* Prefilled w/NRC Lead Provider ▼

Select other network members as needed

Nat Res Ctr Org Improvement
Nat Res Ctr Protective Services
Nat Res Ctr Legal & Judicial Issues
Nat Res Ctr Welfare Data for Adoption
Nat Res Ctr for Youth Development

Click to ADD >>

<< Click to REMOVE

Added other network members

Save List

NOTE
Only NRCs/lcs get a tab

NRC1 TTA1 TTA2

NOTE
These tabs are auto-populated from the above selection(s)

Type of Entry* [dropdown] Date(s) of T/TA Activity* Start [mm/dd/yyyy] End [mm/dd/yyyy]

If multi-day, # of on-site days: [] days (recorded by 1/2 day)

Hours of contact* Day 1 [] Day 2 [] Day 3 [] Day 4 [] Day 5 [] Add More Days

Hours of contact delivered in collaboration with Network members [] Round to the nearest 1/2 hour

Mode(s) of contact* (choose all that apply) [dropdown] Type of T/TA* (choose all that apply) [dropdown]

To which mode was the most time devoted?* [select one] ▼

Which type of T/TA was most important to this primary mode of delivery?* [select one] ▼

T/TA Direct Recipient* (choose all that apply) [dropdown] Step in Change Process* [dropdown]

Practice Area(s)* (choose all that apply) Prefilled: Able to Edit [dropdown] Organizational/Systemic Area(s)* (choose all that apply) Prefilled: Able to Edit [dropdown]

NRC/IC Optional Category [Select one] ▼ NRC/IC Optional Category #2 [Select all that apply] ▼

Did any peers (e.g., other States, Tribes, local jurisdictions) participate as providers in this activity?* Yes No

Peer T/TA Providers []

Narrative Description of Activity []

State/Tribal Contact* Prefilled: Able to Edit [] Email* [] Phone* []

Contact Person at T/TA Provider* Prefilled: Able to Edit [] Email* [] Phone* []

Optional Field: [] Optional Field: []

Cancel Save

NOTE
Modifications can be made to these tabs. If modifications are present, when you select "Save" you will be asked to explain the changes.