

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

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*

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

Added other network members

NOTE
Only NRCs/Ics get a tab

NRC1 TTA1 TTA2

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

Type of Entry* Date(s) of T/TA Activity* Start End

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

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

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

To which mode was the most time devoted?*

Which type of T/TA was most important to this primary mode of delivery?*

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

Practice Area(s)* (choose all that apply) Organizational/Systemic Area(s)* (choose all that apply)

NRC/IC Optional Category NRC/IC Optional Category #2

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* Email* Phone*

Contact Person at T/TA Provider* Email* Phone*

Optional Field: Optional Field:

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