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Training Summary Form

Item	Response Options
Training Title	[Open text field]
Training Start Date	MM/DD/YYYY
Training End Date (for trainings that occur on a single day, start date and end date are the same)	MM/DD/YYYY
Training Length (hours)	Number of hours
Training topic (select from drop down list)	<ul style="list-style-type: none"> a. Multi-Tiered System of Supports (MTSS) b. Positive Behavior Intervention and Support (PBIS) c. Trauma Informed Care and School-Based Behavioral Health (SBBH) d. Social Emotional Learning (SEL) e. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) f. Dialectical Behavior Therapy (DBT) g. Second Step® h. Youth Mental Health First Aid i. Psychological First Aid j. Bounce Back k. Cognitive Behavioral Intervention for Trauma in Schools (C-BITS) l. Trauma Informed Skills for Educators m. ASIST (Applied Suicide Intervention Skills Training) n. QPR (Question, Persuade, Refer) o. safeTALK p. Mental Health First Aid q. CALM (Counseling on Access to Lethal Means) r. Sources of Strength s. LivingWorks START t. Suicide to Hope u. REACH (Resilience, Empowerment, Action, and Community Hope)

Item	Response Options
	v. Other, please specify:
Training objective 1	[Open text field]
Training objective 2 (enter N/A if not applicable)	[Open text field]
Training objective 3 (enter N/A if not applicable)	[Open text field]
Training objective 4 (enter N/A if not applicable)	[Open text field]
Training objective 5 (enter N/A if not applicable)	[Open text field]
Training format (Select from drop down list)	<ul style="list-style-type: none"> a. In-person training b. Online asynchronous training c. Hybrid training (combination of in-person and online) d. Online webinar e. Other, please specify:
Training target audience (Select all that apply)	<ul style="list-style-type: none"> a. Teachers b. School administrators c. Other school staff d. Students e. Parents and family members f. Mental health professionals g. Other, please specify
Number of participants (report number by audience type)	<ul style="list-style-type: none"> a. Number of teachers: b. Number of school administrators: c. Number of other school staff: d. Number of students: e. Number of parents and family members: f. Number of mental health professionals: g. Number of other participants: