

Hearing Voices Training Report

Community Care Recovery Institute

1. Please list all Trainers involved with this event:

Trainer _____ Agency/Affiliation _____
Trainer _____ Agency/Affiliation _____
Trainer _____ Agency/Affiliation _____
Trainer _____ Agency/Affiliation _____
Trainer _____ Agency/Affiliation _____

2. Date of Training: _____ 3. County: _____

4. Location of Training (City/Place): _____

5. Number of participants:

6. Group Trained: _____
(Please list name of agency or community group)

7. Participant demographics:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Police | <input type="checkbox"/> MH Staff | <input type="checkbox"/> Consumers |
| <input type="checkbox"/> Fire Fighters | <input type="checkbox"/> Family Members | <input type="checkbox"/> Civic Group |
| <input type="checkbox"/> EMT's | <input type="checkbox"/> Students | |
| <input type="checkbox"/> Other Human Services Organization: (please indicate _____) | | |
| <input type="checkbox"/> Other First Responders: (please describe _____) | | |
| <input type="checkbox"/> Other: (please describe _____) | | |

8. Did you request any assistance from Community Care, or any other group, to help with this training? If yes, please describe the request and the response.

9. Sample of evaluation responses: (Here is a place to excerpt some of the comments that participants made in their evaluation of the workshop.)

10. Your observations: (Here is a place for you to share what you learned or observed, and to pass on what you are learning to other trainers in our learning community.)

11. What kind of technical assistance, if any, do you need to continue providing Hearing Voices trainings?