**Training Summary Report Template**

Complete the table of reporting elements for each training held during the quarter. Duplicate table and complete if more than one training was held during the quarter.

|  |  |  |
| --- | --- | --- |
| **Training Summary Table** | | |
| Reporting Period |  | |
| **Training Event Information** | | |
| Name of Training: |  | |
| Date of training |  | |
| Length or duration of training |  | |
| Training method utilized |  | |
| Synopsis of attendees’ overall satisfaction |  | |
| **Synopsis of any self-reported measure of change** | | |
| *Average Scores for Skills Assessment topics* | *average baseline/pre-training score for enrolled providers* | *average post training score for all attendees. N/A if topic was not included in training survey* |
| Interfacing with BHH |  |  |
| Value-Added Use of BHH |  |  |
| Interfacing with BHH |  |  |
| Use of Screening Tools |  |  |
| Documentation Skills |  |  |
| Clinical Skills |  |  |
| Additional synopsis on measure of self-reported change. |  | |
| **Additional Needs or recommendations** | | |
| Describe identified needs or challenges or, recommendations for improvements to be incorporated in upcoming trainings |  | |

Insert or Attachment the following with summary:

* Copies of each completed Training Satisfaction Survey
* Copy of the attendee sign-in sheet, or virtual attendance log, that includes attendee names, their affiliated organizations and if they are an Enrollee or Participating Provider.
* Copy of the training materials used.