

# School Staff Training Outcomes Report Form

**Return to:**

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**Grantee Name:**

**County:**

Questions:

1. What type of training did you provide?      Asthma      Diabetes
2. How many school staff/coaches did you train?
3. In total, how many hours of training did you provide?
4. Describe the process you used to recruit participants for this project. What were the successes and failures that you experienced in recruiting participants?
5. Did you find the sample presentation(s) useful? Do you have any suggestions for modifications that the Montana School Health Program could make to the presentation(s) in the future?

6. Did you feel that the training materials provided by the School Health Program enhanced the understanding on the part of the training attendees? Please explain.

7. Would you recommend this particular project to other schools? Why or why not?

\*\*\*Save completed form and email it to [schoolhealth@mt.gov](mailto:schoolhealth@mt.gov)\*\*\*