



# Youth Thrive

An initiative of CSSP

## Youth Thrive and Families Thrive

### Direct Training Report

#### Trainer Information

Trainer Name

Trainer Agency

Address

City

State

Zip Code

Cell Phone Number

Office Phone Number

Email

#### Second Trainer (if applicable)

Trainer Name

Trainer Agency

Address

City

State

Zip Code

Cell Phone Number

Office Phone Number

Email

#### Training Information

Training Type

Training Dates

Training Location

Number of Participants

Was this training provided to your agency staff only?      Y      N

If no, list additional agencies in attendance and number of staff:

Agency	Number of Staff

Practice setting represented (rank in order, with 1 being the highest representation; 8 being the least representation in the training group):

Public Child Welfare

Juvenile Justice

Youth Groups

Family and Youth Services

Community Organizations

Other (Please specify)

Education

Health/Mental Health

Attached assessment form/evaluation report?      Y      N