

Community/Congregation Assistance Program Facilitators Coversheet

Please complete this form for every CAP Program you implement, then attach it to the completed posttests then scan and e-mail them to: bonnie@bwsmithconsulting.com. If 'snail mail' is preferred, please make a copy of the posttest and mail them to B.Weyland Smith Consulting, 126 Meadowgate Street, Wethersfield, CT 06109. Questions regarding program evaluation can be directed to this e-mail address as well.

Date of Program:

RBHAO Region the training occurred in: 1 2 3 4 5

Facilitator(s) Name(s)/E-mail(s):

Was this a (circle one): "**Community** Assistance Program" or a "**Congregation** Assistance Program"

CAP Program Structure:

1- 6 hour session 2- 3 hour sessions 3-two hour session

Other, please explain: _____

Number of participants at the beginning of the training:

Number of participants that concluded the training:

The following are the topic components of the program, please select which topics were fully completed in the training:

Gambling Awareness

Substance Use/Misuse

Inhalants

Suicide Prevention-QPR

Mental/Behavioral Health

Resources to help

SEE SECOND PAGE.....

If a topic was not covered in the training, please describe why not:

What went well in this training?

What was challenging with this training?

Is there anything else about this training you care to share?