**Family Voices**

**Train-the-Trainer Session for Serving on Groups**

Training Documentation Form (to be filled out by instructor)

Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any challenges you may have encountered in presenting this session today which may have affected participants’ learning. (Examples may include noise/disruptions, issues with the space or technology, or participant dynamics.)

Did you complete the entire curriculum? 🞏 Yes 🞏 No

If no, which sections were not completed?

Is there anything else you want to note about today’s session?