

# Training Report Form

To be completed by the presenter - Please attach the outline/agenda of this training event.



Title of Event: \_\_\_\_\_

Presenter's Name: \_\_\_\_\_

Presentation Date: \_\_\_\_\_ Organization/Agency: \_\_\_\_\_

Webinar: \_\_\_\_\_ Presentation: \_\_\_\_\_

Federal Training Topic (number of participants)	
_____	AT Products/Services
_____	AT Funding/Policy/Practice
_____	Any/All Above Combined
_____	Info Technology/Telecommunications
_____	Transition
_____	Accessible Educational Materials (AEM)

Number	Attendees from Maine County
	Does not live in Maine
	<b>Androscoggin</b>
	Aroostook
	<b>Cumberland</b>
	Franklin
	Hancock
	Kennebec
	Knox
	Lincoln
	Oxford
	<b>Penobscot</b>
	Piscataquis
	Sagadahoc
	Somerset
	Waldo
	Washington
	<b>York</b>
	TOTAL number of attendees

Number	Attendee Roles
	Persons with a disability
	Family members, guardian, authorized representatives
	Representatives of education
	Representatives of employment
	Representatives of health, allied health and rehabilitation
	Representatives of community living
	Representatives of technology
	TOTAL number of attendees

For Office Use only:

- \_\_\_ Metro Counties (bold)
- \_\_\_ Non-Metro Counties
- \_\_\_ Unable to categorize

## ICT Question - Only for Training in ICT

Number	Response
	ICT Procurement or develop policies...improved
	Training will be developed...
	Outcome unknown
	No Response
	TOTAL number of attendees