

Follow-up Report Form

Instructions: Please update the current facility and contact information below, as needed.

Mentor/Interviewer:

MS. GABRIELLE O'MALLEY
12/11/1970
I-TECH
901 BOREN AVE, SUITE 1100
SEATTLE, WA 98104

EMAIL:
WORK PHONE:
Facility Type:
Facility Sponsor:

Participant:

JOANN JONES
05/22/1966
PRINCESS MARGARET HOSPITAL
NASSAU, NEW PROVIDENCE
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EMAIL:
WORK PHONE:
Facility Type:
Facility Sponsor:

NOTE to user: These forms are automatically generated by the TIMS database. Please contact your National Training Coordinator for more details (chart@uwimona.edu.jm) .

The following information to be completed by Mentor/Interviewer:

Follow-up Date: _____
Day / Month / Year

CHART Training Center: _____

Follow-up Type:

- Post-training communication (non-clinical/self-reported)
- Onsite Clinical Consultation
- Round table/Focus Group Discussion

Notes from Follow-up:

Follow-up report available? Yes No If yes, please provide report file name:

Recommendations:

Score (if applicable):

File Name:

Skill observed	Comment	Skill observed	Comment
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Trainer's Signature _____