

# 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  
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SEATTLE, WA 98104

EMAIL:  
WORK PHONE:  
Facility Type:  
Facility Sponsor:

**Participant:**

JOANN JONES  
05/22/1966  
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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](mailto: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:

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

Recommendations:

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Score (if applicable):

File Name:

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

Trainer's Signature \_\_\_\_\_