

Mental Health First Aid USA™ Evaluation Cover Sheet

Please complete cover sheet in full detail of all data and information you have provided.

First Name:	Last Name:
Email:	Phone #:
Organization:	
Total # Courses:	Total # Participants:

Course Information

Complete for each individual course

Instructor:		Co-Facilitator:	
Course Type (i.e. Adult, Youth):		Module Type (i.e. Public Safety, Higher Ed, Veterans):	
Start Date:	End Date:	Audience (i.e. behavioral health, public health, general community):	
Venue			
Address:			
City:	State:	Zip Code:	
Instructor:		Co-Facilitator:	
Course Type (i.e. Adult, Youth):		Module Type (i.e. Public Safety, Higher Ed, Veterans):	
Start Date:	End Date:	Audience (i.e. behavioral health, public health, general community):	
Venue			
Address:			
City:	State:	Zip Code:	
Instructor:		Co-Facilitator:	
Course Type (i.e. Adult, Youth):		Module Type (i.e. Public Safety, Higher Ed, Veterans):	
Start Date:	End Date:	Audience (i.e. behavioral health, public health, general community):	
Venue			
Address:			
City:	State:	Zip Code:	