St. Clair County Community Mental Health

Staff Meeting Training

Instructions: Please complete the applicable information. Send the original copy to the Training Designee and maintain a copy in your program files.

Program Name:		Date of Training:
Training Topic:	Presenter(s):	
Brief Synopsis:		
(Please check one of the following): Mandatory ☐	Performance Improvement ☐	Skill Building ☐
Start Time:	Stop Time:	Total Training Hours:
Please print or type the names of all staff in attendance (Person completing form to sign their name at end of entry):		
Staff Name		Signature