

St. Clair County Community Mental Health  
**Conference/Training/Meeting Follow-Up Report**

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This form is to be completed within one (1) week following the conference/training/meeting attended.

**Section I**

Staff Name: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Program: \_\_\_\_\_ Date(s) Attended: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Type of Training:  Conference  Training  Meeting  Other: \_\_\_\_\_

# of Credit Hours Earned: \_\_\_\_\_ Are these Social Work CE Credits?  Yes  No

**Section II**

**Please select the option closest to your opinion:**

I **would** recommend this event to others.  I **would not** recommend this event to others.

Write a brief synopsis of the content of the event:

Describe three (3) ways you will apply what you learned from the event to your areas of responsibility. When will you start?

CC: Program Supervisor  
Division Director  
Training Department  
P&C Clerical Support *(if applicable)*