Presentation Reporting Form

NAMI Affiliate: ________________________________

Contact person name: ________________________________

Email address: ________________________________

School/site name: ________________________________

City and state: ________________________________

Date of presentation: ________________________________

Total number of presentations made on this date at this site: ________________

Total number of students for all presentations made on this date at this site: ________

Were participants actively encouraged to become NAMI members? □ Yes □ No

Describe the Audience:

Choose the option below that best describes the setting for this presentation:

□ School, middle □ School, high □ School, college/university

□ General public/community group/business □ NAMI event/meeting

□ Correctional facility □ Faith group □ People with mental health conditions

Note: Only one Presentation Reporting Form needs to be completed for all presentations conducted at the same school/site on the same day.

This information should be reported electronically at www.nami.org/programdata within one (1) week of the presentation

(username: education@nami.org; password: nami).