

**STEP-BY-STEP GUIDE FOR THE NEW JERSEY D.D.D. COMMUNITY SERVICES TRAINING PROGRAM MONTHLY REPORT**

**Agency:** The name of the agency that provided the training.

**Lead/Non-Lead:** Please circle the type of agency that provided the training, indicating if it is either a Lead agency or a Non-lead agency.

**Agency Address/City/Zip Code:** The address of the agency that provided the training.

**Area Code/Phone Number:** The phone number of the agency that provided the training.

**Area of Service:** Counties or cities that the training is provided for.

**Region:** Please indicate if the agency is in either the Northern, Upper Central, Lower Central, or Southern Region. If the agency is in multiple regions, indicate which region(s) the training was offered to.

**Contract Identification Number:** The contract number used in the annual contract with D.D.D. for the year.

**Contract Term/Thru:** Dates for which the contract is valid (typically the fiscal year).

**Report Period:** Dates which this report is detailing, typically Month and Year (such as February 2003). This should be a one month period.

**Contact Person:** The person who should be contacted regarding training. This may be the name of the person who registers individuals for training, if it is other than the person preparing the report.

**Trainer:** The name (s) of any trainer who provided training detailed on the report.

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**Level of Service:**

**Number of Sessions Presented:** This should include only the number of sessions actually held. If any class was held over multiple days, such as a Medication class in 2 days, it counts only as 1 session.

**For lead agencies:** This should include only those classes offered to the contracted area, not classes for your agency only. If classes are held specifically for your agency, those classes should be listed on a separate monthly report that should be labeled as "Agency Only".

**For All agencies:** Under Adult CPR, the top portion should be filled in with number of classes taught. The bottom portion is where any challenges can be listed next to the "C=". For example, if 2 classes were taught and 5 people challenged CPR, even if it was on the same day, there would be a "2" in the top portion and "C=5" in the bottom portion. **Also, if both Adult CPR and First Aid Basics are being taught as part of the same "class" in the same day, or even in 2 parts, it should be listed as "1" in First Aid and "1" in Adult CPR. Even though it is often presented as one class, it is technically two separate classes, as per the American Red Cross, so therefore it needs to be documented as 2 separate classes on this report as well.**

**Number of Cancellations/Dates/Reason:** The number of training classes cancelled should be listed here as well as the date they were scheduled for and why it was cancelled.

**Number Registered:** Write the number of people registered for each class. This is the total number of people registered as of 48 hours or 2 business days prior to the start of class. **For Adult CPR** also include the total number of people who took a challenge. For example, if 27 people registered for the classes and 5 additional people took a challenge, then "32" would be written here.

**Number Attend/Pass:** Write the number of people who actually attended the class on the top portion and the number of people who passed the class on the bottom portion. If a trainee attends only part of a class (such as leaving early or missing a second day of training) they would be counted in the "attend" number but not in the "pass" number. **For Adult CPR** also include the total number of people who took a challenge in the top portion and the total number of people who passed the challenge in the bottom portion. For example, if 20 people attended classes and 5 additional people took a challenge with 2 people failing, then "25" would be in the top portion and "23" would be in the bottom portion.

**Total:** In the final column, write the total number of people who attended all 5 classes in the top portion and the total number of people who passed all 5 classes in the bottom portion.

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**Non Pre-Service Training (Open):** List any classes that were offered to the contracted area that are not one of the 5 D.D.D. required pre-service classes. This may include classes such as Infant and Child CPR or I.H.P. classes. These are classes that are open to agencies other than the one providing the training.

**Date:** Write the date these classes were held.

**Attend/Pass:** Write the number of people who attended the class, followed by a “/”, followed by the number of people who passed the class. **These numbers should not be included in any other portion of this form, such as the “# of people registered” at the bottom of the form. All other totals on this form should reflect pre-service classes only.**

**Out of Area/#/County:** Write the total number of people attending the pre-service classes that were not from the contracted area and indicate what county the trainees were from.

**Additional Comments:** Write any additional comments you feel are necessary to make the information clearer.

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**Sending Agencies Represented:** List all agencies that registered trainees during the time (one month) that the report covers.

**# of people Registered:** This is the total number of people that are registered for each agency as of **48 hours (or 2 business days) prior to the class.** Any cancellations made earlier than that, for example a week before or 3 days before the class, will not be included in this number or any other number on this form since there is theoretically enough time to fill that slot with someone else. This number should equal “# of people Attended”, “# of people Cancelled”, and “# of people No Show” added together.

**# of people Attended:** This is the total number of people who physically showed up for the class for each agency.

**# of people Cancelled:** This is the total number of cancellations with less than 48 hours (or 2 business days) notice for each agency. Cancellations made with less than 48 hours would make it almost impossible to fill the slot with someone else.

**# of people No Show:** This is the total number of people for each agency who were registered and expected to attend but did not **and** there was no call to cancel prior to the beginning of class.

**Example:**

Agency X registers a total of **20** people for classes. They cancel **3** people, each with 2 or more days notice. They cancel **2** people the day before a class is scheduled. There is **1** person who does not attend a training and there was never any call about that person. The statistics for Agency X would look like this:

<u>Sending Agencies</u>	<u>#of people</u>	<u>#of people</u>	<u>#of people</u>	<u>#of people</u>
<u>Represented:</u>	<u>Registered</u>	<u>Attended</u>	<u>Cancelled</u>	<u>No Show</u>
Agency X	17	14	2	1

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**Signature:** Signature of the person completing the report.

**Title:** Title of the person completing the report.

**Date:** Date the report was completed.

**This report needs to be submitted each month to the D.D.D. Regional Training Coordinator. Copies of the attendance sheet for each class may also be required.**

**A copy of this report only (no attendance sheets) also needs to be submitted each month to the New Jersey Training Network. One person from the Network is designated to collect the statistics. You can contact the Boggs Center at 732-235-9304 to find out the person currently designated.**