

## ANNUAL SUMMARY OF TRAINING HOURS

List Training Session in Chronological Order

**Title:**

**Trainer Role Taken (check one)**

- ☐ Solo Trainer — You do it all
- ☐ Co-Trainer — You and someone else do it collaboratively
- ☐ Team Trainer — You and someone else take turns (count only your turn)
- ☐ PAT Intern — You do part of a Training session for a TEP (count only your part)
- ☐ Other — Please describe what you did:

**Describe the Participants (setting, population):**

**Describe the Training (type of training; goals, objectives; techniques used):**

**Date Presented** \_\_\_\_\_ **Hours Performed**  **Total Hours to Date**

**Describe Consultation:**

**Name of Consultant:**

**Title:**

**Trainer Role Taken (check one)**

- ☐ Solo Trainer — You do it all
- ☐ Co-Trainer — You and someone else do it collaboratively
- ☐ Team Trainer — You and someone else take turns (count only your turn)
- ☐ PAT Intern — You do part of a Training session for a TEP (count only your part)
- ☐ Other — Please describe what you did:

**Describe the Participants (setting, population):**

**Describe the Training (type of training; goals, objectives; techniques used):**

**Date Presented** \_\_\_\_\_ **Hours Performed**  **Total Hours to Date**

**Describe Consultation:**

**Name of Consultant:**