



## Hands-Only CPR Training

### Outcome Report Form

**Grantee Name(s):**

**County:**

**Return to:**

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Questions:

1. How many students did you train
2. Describe the process you used to organize the Hands-Only CPR Training(s) in your school.
3. Were you able to easily contact the trained instructor in your area?
4. Did you conduct the training during class time? If no, when was the training conducted?

