

# First Aid-CPR Training Outcome Report Form

# Return to:

Please email, fax, or mail your completed outcome report form to the School Health Program upon project completion.

CDPHP School Health Program Phone: 406-444-4592 Fax: 406-444-7465

Montana Department of Public Health and Human Services Email: schoolhealth@mt.gov

Cogswell Building | 1400 Broadway Suite 314B   
Helena, MT 59620-2951

**Grantee Name(s): County:**

Questions:

1. How many students did you train?
2. Describe the process you used to organize the First Aid/CPR training(s) in your school.
3. Did you contact a trained instructor in your area to assist with the course? Y/N
4. Was the training conducted during class time? If conducted outside of class time, when and where was the training conducted?
5. Was the training incorporated into the health or other education curriculum?
6. How did the grant contribute to the success of the project.
7. Would you recommend this particular project for other schools? Why or why not?