

Hands-Only CPR Training Outcome Report Form



Return to:

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Grantee Name(s):

County:

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. Did you contact a trained instructor in your area to assist with the course?
4. Did you conduct the training during class time? If conducted outside of class time, 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?