

## NAMI Basics Education Program - Teacher Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

1. Have you ever taken the NAMI Basics Course?  Yes  No.

If yes, when and where? \_\_\_\_\_

2. If no, have you ever taken another NAMI educational course (like Family to Family)?  Yes  No

If yes, give teacher's name, location of class and approximate date: \_\_\_\_\_

\_\_\_\_\_

3. Are you a member of NAMI Missouri?  Yes  No. If yes, list the affiliate you are associated with:

\_\_\_\_\_

4. Are you a member or facilitator of a support group?  Yes  No. If yes, where does your group meet?

\_\_\_\_\_

5. Are you the parent or caregiver of an individual who developed symptoms of mental illness or behavioral health disorder before the age of 13?  Yes  No. If yes, what is the age of that individual now? \_\_\_\_\_

6. Has he/she been given a diagnosis?  Yes  No.

If yes, what is the most current diagnosis? \_\_\_\_\_

7. How long has he/she exhibited symptoms of mental illness? \_\_\_\_\_ years.

8. Does/did your child attend public school?  Yes  No.

If no, what type of educational program is/was your child involved in? \_\_\_\_\_

9. Has your child graduated from High School?  Yes  No. If yes, when? \_\_\_\_\_

10. Please describe in several sentences your experience with a child or adolescent with mental illness or behavioral health disorder **and** why you would like to become a NAMI Basics Teacher:

Please send your application to [sonya@namimissouri.org](mailto:sonya@namimissouri.org) or mail to:  
Sonya Baumgartner, 3405 West Truman Blvd., #102, Jefferson City, MO 65109