Presenter Report Form

Lead Presenter Information
Name: ________________________________________________________________
Phone: ___________________ Email Address: ________________________________
Lead Presenter NAMI Affiliate (optional): ________________________________

Young Adult Presenter Information
Name: ________________________________________________________________
Phone: ___________________ Email Address: ________________________________
NAMI Affiliate (optional): ________________________________

Presentation Information
School/site where presentation was given: ________________________________
Address where presentation was given: ________________________________
Name/ contact information for contact person at school: ____________________

Date of presentation: ________________________________

Total number of presentations made on this date at this site: _________________
Total number of students for all presentations made on this date at this site: _________________
Number of Evaluations collected/ submitted (must be included): __________

Describe the Audience. Choose the option that best describes the setting for this presentation:

□ Middle School     □ High School     □ College/ University
□ General public   □ Faith group   □ NAMI event/ meeting
□ Correctional facility   □ Other _________________

Note: Only one Presenter Report Form needs to be completed for all presentations conducted at the same school/site on the same day. This information should be reported electronically within one (1) week of the presentation to the NAMI User Portal at https://nami.force.com/NAMIUserPortal