



NAMI Ending the Silence



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>