

IOTI Project Accomplishments Quarterly Reporting Form

USU PO #:	Name of Project:	Administering Agency:
Principal Investigator:		Reporting Period: From _____ To _____
50-word description of IOTI training activities and accomplishments during the reporting period:		

Training Events This Reporting Period

Date	Location	Length of Time	# of Trainees	Topic	Instructor(s)	Outcomes
Total trained this reporting period:						
Total trained during this grant period (since July 1)						

INFORMATION ON TRAINEES

# CONSUMERS OR PARENTS OF INDIVIDUALS WITH DISABILITIES *	# PARAPROFESSIONALS	# PROFESSIONALS	# OTHER (PLEASE DESCRIBE)	# CURRENTLY EMPLOYED IN DISABILITY SERVICES	TYPE OF AGENCIES WHERE EMPLOYED

*In this column, enter the number of people who attend the training in their role as a family member or because they are a person with a disability. Do not include those who are also professionals and paraprofessionals, as we count each individual only once.

Were trainees assigned any practicum or hands-on experience during this period? If so, describe briefly.

What training outcomes or training competency data were collected?

Please attach summary data on training outcomes and trainee satisfaction.