

2016 NAMI Colorado Education Programs Data Survey

Program (Please check only one):

- | | |
|---|--|
| <input type="checkbox"/> NAMI Family-To-Family | <input type="checkbox"/> NAMI Basics |
| <input type="checkbox"/> NAMI Basics in Spanish | <input type="checkbox"/> NAMI Provider Education |
| <input type="checkbox"/> NAMI HomeFront | <input type="checkbox"/> Colorado Visions |
| <input type="checkbox"/> Caminantes | <input type="checkbox"/> NAMI Peer-To-Peer |

1. Teacher/Mentor Name/s: _____

2. Contact Teacher/Mentor Email: _____

3. Facility Street Address or Name: _____

City: _____

4. NAMI Affiliate (if none, list NAMI Colorado): _____

5. Date Class Started: _____

6. Date Class Ended (mm/dd/yyyy): _____

7. Number of People Starting the Class: _____

5. Number of People Completing the Class: _____

7. Number of Veterans attending the class: _____