

Name of school: _____

Name of Trainer: _____

Dates of Phase I: _____

Projected date for first session: _____

Name of Intern (if applicable): _____
(Spring, fall, or summer and year)

Cycle and year: _____

Was the FAST team complete and did all attend 100% of the Phase I training? _____
YES **NO**

Please comment:

Are the values signed?

YES **NO**

Were the completed Day One and Day Two training evaluations submitted?

YES **NO**

Will the FAST team members be representative of the ethnic make-up of those that will participate in FAST?

YES **NO**

Why or why not?

Are there any team members related to one another?

YES **NO**

How do you think the team will function?

Why do you think so?

Do you think the team is able to maintain program fidelity? _____
YES **NO**

Why do you think so?

How cohesive is the team?

Why do you think so?

How well do team members understand their roles?

Why do you think so?

How were recommendations made by the trainer handled by the team?

Do you have any other comments to share?