



CCoE/FG Army Substance Abuse Program



PREVENTION TRAINING REPORT

1. Training Date (Due 5-days after training): _____

Start Time: _____ hours End Time: _____ hours

2. Organization/Unit: _____ Battalion: _____ Brigade: _____

3. MILITARY

a. Number trained: Permanent Party: _____ Students: _____ / _____ / _____ Dependents: _____
(NCOES/Officer/AIT)

b. Type of training (Circle only one):

Commander/Leader

Soldier Training by ASAP

Soldier Training by UPL

Soldier Distance Learning

Newcomers Orientation

Suicide Prevention

i. If Suicide Prevention training, identify the training (Circle only one):

ACE-annual

ACE-SI

ASIST

Other: _____
(Module, topic, or type of instruction)

ii. Instructor's Name: _____ (Roster attached?)

4. CIVILIAN

a. Number trained: Employee: _____ Volunteer: _____

b. Type of training (Circle only one)

Civilian Supervisor

Civilian Employee

Drug-free Workplace (DFW) & DOT

Civilian Distance Learning

Newcomers Orientation

Suicide Prevention

Community Education On-Post

Community Education Off-Post

5. Class Topic (Be specific): _____
(DO NOT put ASAP as a topic)

6. Class Hours: _____
(Hours of training completed per person. For UA: Max ½ hour/ Face-to-face, Distance Learning, or Suicide Prevention: 1-hour)

7. Name and signature of person submitting report:

Commander

(If training is greater than one hour, the Commander's signature is also required)