TRADOC UMTs QUARTERLY TRAINING REPORT

REPORT DATE:_____

INSTALLATION NAME:_____

1	2	3	4	5	6	7	8
UMT MEMBERS NAME	**ASIST T4T TRAINED (yes or no)**	**ASIST T2T TRAINED (yes or no)**	**NUMBER OF DS/CADRE BRIEFED**	**NUMBER OF SOLDIERS BRIEFED**	**UMT SUICIDE TSP (yes or no)**	**UMT SAPR TRAINED (yes or no)**	**COMBAT LIFE SAVER TRAINED (yes or no)**

Reporter's Name_____ Phone (Com/DSN) _____
E-mailAddress:_____

REPORT INSTRUCTIONS:

Report quarterly (First week of Oct, Jan, Apr, Jul) to Ms Nowinsky at **nowinskk@monroe.army.mil**

1. Report **ONLY TRADOC UMTs** by each Chaplain & Chaplain Assistant's **name** and **rank**

2 & 3. ASIST (Applied Suicide Intervention Skills Training) T4T (Train the Trainer) or T2T (2 days Caregiver Training) (**Yes** or **No**)

4 & 5. Report **number** of DS (Drill Sergeants)/Cadre and Soldiers at suicide prevention briefing given by Chaplain or Chaplain Assistant

6. TSP (Training Support Package/Lesson Plan) suicide prevention briefing to Soldiers (**Yes** or **No**)
7. SAPR (Sexual Assault Prevention and Response) training to UMT members (**Yes** or **No**)
8. CLS (Combat Life Saver) training to UMT members (**Yes** or **No**)