



Education Classes Data Survey

All data is required when reporting online at www.nami.org/programdata

- Program: [] NAMI Basics [] NAMI Family-to-Family [] NAMI Peer-to-Peer [] NAMI Provider Education

Teacher/Mentor Name/s: _____

Teacher/Mentor Email: _____

Facility Street Address or Name: _____

City: _____ State/Country: _____

NAMI Affiliate (if none, list NAMI State Organization): _____

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

Number of People Starting the Class: _____

Number of Veterans, Active Duty or Related Participants (if none, write 0): _____

This number cannot be larger than the "Number of People Starting the Class", i.e. if there were 10 starting participants and 6 were veterans, report 6.

Number of People Finishing the Class (if none, write 0): _____

Language Presented In?

- [] English [] Spanish [] Other, specify: _____

Was the Class Held in Partnership with the Veterans Administration? [] Yes [] No

Did You Actively Encourage Participants to Become NAMI Members? [] Yes [] No