SAM - Monthly Report

Submitted by the 3rd day of each month (reporting back on previous month’s SAM meeting) – required by funders. This can be replaced by a DETS survey or submitted in addition to one.

1.) Date and location of SAM meeting or training covered in this report:

2.) How many people were at the meeting or training?

3.) How many people attended for the first time this contract year (since July 2019)?

4.) In a sentence or two, what did this meeting or training cover?

5.) For the questions below we need participants to rate on a scale from 1-5 how strongly they agree (5) or disagree (1) with the statements. We recommend asking the question and having people show on one hand (1-5) fingers representing their rating. Write down the number of people for each possible rating in the table below.

 *Example: You explain and read the statement - 3 people show 3 fingers, 2 people show 4, and 4 people show all five:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Scale of 1-5 Rating*** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** |
| ***# of People Who Rated It a:*** | ***0*** | ***0*** | ***3*** | ***2*** | ***4*** |

1. The speaker was knowledgeable about the topic area and was effective in presenting her/his material. Ask participants to hold up a hand showing their rating with their fingers

# who raised fingers for:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Scale of 1-5 Rating** | **1** | **2** | **3** | **4** | **5** |
| **# of People Who Rated It a:** |  |  |  |  |  |

1. As a result of this training session, I gained new knowledge. (Head) Ask participants to hold up a hand showing their rating with their fingers

# who raised fingers for:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Scale of 1-5 Rating** | **1** | **2** | **3** | **4** | **5** |
| **# of People Who Rated It a:** |  |  |  |  |  |

1. The information presented in this training session will be useful to me in the future. Ask participants to hold up a hand showing their rating with their fingers and record the number of people for each of the 5 possible ratings.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Scale of 1-5 Rating** | **1** | **2** | **3** | **4** | **5** |
| **# of People Who Rated It a:** |  |  |  |  |  |

**6.) Do you have any additional SAM activities from this month you would like to share with us? Do you have any success stories that highlight the impact of self-advocacy?**