



Children's Hospital of Wisconsin®

A member of Children's Hospital and Health System.

Dear Trainers:

After conducting a SCAN-MRT presentation, please fill out this form and return it along with the completed pretests and posttests to:

**Children's Hospital of Wisconsin Child Protection Center
SCAN-MRT Program
PO Box 1997, Mail Station 746
Milwaukee, Wisconsin 53201**

Trainer's Name: _____

Organization: _____

Address: _____

City: _____ Zip code: _____

Phone _____ Fax: _____

Email: _____

Name of hosting site: _____

City: _____ County: _____

How many children does the hosting site serve annually? _____

Number of Participants: _____

Audience profile, e.g., professionals, paraprofessionals, disciplines, titles and level of knowledge related to child abuse and neglect and mandated reporter procedures.

Thank you for taking the time to complete this form. This information and the results of the pretests and posttests are valuable to the success and sustainability of the SCAN-MRT program.