

# SOR2 TRAINING TRACKING

TRAINER NAME: \_\_\_\_\_

COUNTY NAME: \_\_\_\_\_

PROJECT DETAILS							
Name of Training	Date of Training	Audience Profession Type	Number of Attendees	Duration of Training (minutes)	# of Evaluations Received	% of Change Resulting from Training (# of Agree/# of Evaluations)	Notes/Overview of Training (i.e Lessons learned, success stories, challenges, how can it be improved, ideas for other training topics?)