

# C-NET-C District Trainer's One-on-One Report

District Trainer's Name \_\_\_\_\_

Trainee's Name \_\_\_\_\_

Location of Training \_\_\_\_\_

Date \_\_\_\_\_

From Time: \_\_\_\_\_

To Time: \_\_\_\_\_

Main Topic Discussed \_\_\_\_\_

Learning Objective: \_\_\_\_\_

Detailed Description of Training \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Individualized Delivery Method for Training (Telephone, teleconferencing, in person, etc.) \_\_\_\_\_

Date \_\_\_\_\_

From Time: \_\_\_\_\_

To Time: \_\_\_\_\_

Main Topic Discussed \_\_\_\_\_

Learning Objective: \_\_\_\_\_

Detailed Description of Training \_\_\_\_\_

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Individualized Delivery Method for Training (Telephone, teleconferencing, in person, etc.) \_\_\_\_\_

Date \_\_\_\_\_

From Time: \_\_\_\_\_

To Time: \_\_\_\_\_

Main Topic Discussed \_\_\_\_\_

Learning Objective: \_\_\_\_\_

Detailed Description of Training \_\_\_\_\_

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Individualized Delivery Method for Training (Telephone, teleconferencing, in person, etc.) \_\_\_\_\_

Date \_\_\_\_\_

From Time: \_\_\_\_\_

To Time: \_\_\_\_\_

Main Topic Discussed \_\_\_\_\_

Learning Objective: \_\_\_\_\_

Detailed Description of Training \_\_\_\_\_

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Individualized Delivery Method for Training (Telephone, teleconferencing, in person, etc.) \_\_\_\_\_

\_\_\_\_\_ **Total Time Spent with Trainee (Minimum of 1 hour per Trainee)**

*District Trainer's payment for these hours is dependent upon detailed and legible completion of this form, the report, and participant evaluations.*