V 7-2021

## Arkansas Department of Health / Injury and Violence Prevention Section

Form to be completed by Project Coordinator

***Youth Mental Health First Aid/Mental Health First Aid***

# PROCESS DOCUMENT

Event Date: / / Organization/Agency:

City: County:

Project Coordinator Name: Phone:

# of individuals scheduled to attend: # of individuals actually attended:

Did you encounter any barriers planning for this event? Yes No If yes, what?

Did you encounter any barriers on the day of the event? Yes No

If yes, what?

What went well during this event?

Do you have any lessons learned that you’d like to share? Yes No If yes, what?