

# SBIRT Colorado Training Needs Assessment

## TRAINING ON SCREENING, BRIEF INTERVENTION, REFERRAL TO TREATMENT (SBIRT) FOR ALCOHOL AND DRUG PREVENTION

Date:

Organization:

City and State:

Contact person:

Title:

Phone:

Email address:

1. Type of training requested:

- SBIRT in adults (2-3 hours)
- SBIRT in adolescents (2-3 hours)
- SBIRT Train-the-Trainer (minimum 8 hours)
- Another SBIRT related topic: Specify \_\_\_\_\_

2. When would you like to schedule training?

3. What types of staff will attend (physicians, PAs, nurse practitioners, nurses, social workers, psychologists, medical assistants, others)?

4. Approximately how many people will attend?

5. Are you interested in CE credits (available for nurses; possibly other professions)?

6. Can you provide a space to host the training?

7. Are you able to provide technology (laptop, projector or another way to project PowerPoint slides and internet access to show videos)?

8. How did you find out about our training services?

9. Other information to help us meet your training needs:

Please email the completed form to [SBIRTinfo@peerassist.org](mailto:SBIRTinfo@peerassist.org)  
We will communicate by phone or email to discuss next steps.  
Thank you for your interest in SBIRT Colorado training services.

Check the SBIRT Colorado website for upcoming community trainings and online training options:

<http://improvinghealthcolorado.org/training/>