

Organizational Intervention Summary Form

Professional Assistance of Central Texas

Section I - OI Information

Quarter: _____

Topic of Intervention: _____

Date of Intervention: _____ No. of Participants: _____

Type of Intervention: Training MH Screening Other _____

Brief Description of Intervention: _____

Follow-Up, Referrals or Additional Actions: _____

Section II – Contact Information

Contact Person: _____ Contact Phone: _____

Dept./Office: _____ Dept./Office Location: _____

Section III – Staff Intervention

Names of P.A.C.T. Staff Involved: _____

Time of Intervention: _____ Time of Preparation: _____

EAP Provider: _____ Date: _____