

Army Substance Abuse Program

Class Information Reporting Form

Please provide the following information when an Alcohol/Drug Abuse Prevention Class or activity occurs in your unit.

UNIT:

DATE:

TOPIC:

AUDIENCE TYPE (NCODP, ODP):

TITLE OF VIDEO (if used):

OTHER AUDIO/VISUAL MATERIALS USED:

TYPE OF HANDOUTS

GUEST SPEAKER:

REMARKS:

Return to the Army Substance Abuse Program, ATZK-GCA, bldg. 1224, Vine Grove Rd.