

1. Open any web browser
2. Go to www.nami.org/programdata
3. A page with a list of programs appears. Select your class, support group, or presentation type from the list.



Report Program Data

Welcome to the NAMI Data Collection Site! Please choose the program for which you wish to report data:

Report Data

NAMI Programs

- NAMI FaithNet
- NAMI Smarts for Advocacy
- Sharing Hope / Compartiendo Esperanza

NAMI Signature Classes

- NAMI Basics
- NAMI Family-to-Family
- NAMI Homefront
- NAMI Peer-to-Peer
- NAMI Provider Education

NAMI Signature Presentations

- NAMI Ending the Silence
- NAMI In Our Own Voice
- NAMI Parents and Teachers as Allies

NAMI Signature Support Groups

- NAMI Connection Recovery Support Group
- NAMI Family Support Group

Miscellaneous Events


- **Meetings:** Use when you meet with a specific person/group of people in which you dialogue, i.e. meetings with State Legislators, County Officials, etc.
- **Program and Presentations:** Use for Support Groups, Programs or Presentations that are not one of the NAMI Signature Programs listed above.

Related Files

- Classes Data Reporting Form (PDF File)
- Presentations Data Reporting Form (PDF File)
- Support Groups Data Reporting Form (PDF File)
- Smarts Reporting Form (PDF File)


- A popup box will ask for a username and password. Log in with:
Username: *education@nami.org*
Password: please contact *data@namiga.org* to get the password.
- This will open a web form. Enter the data into the spaces of the report form. If you wish to attach a scan of the class roster, use the 'Attach File' selector at the top of the form.
The form looks like this:

NAMI Extranet > Education > Education Classes

 **Education Classes**
National Alliance on Mental Illness

[Home](#)

Education Classes > Classes Survey > New Item
Classes Survey: New Item

 **Attach File** * indicates a required field

Program *	<input type="text"/>
Teacher/Mentor Name/s *	<input type="text"/> <small>List both teachers/mentors who can provide more information on the class if requested. Please separate the names with a comma.</small>
Teacher/Mentor Email	<input type="text"/>
Facility Street Address or Name	<input type="text"/>
City *	<input type="text"/>
NAMI Affiliate *	<input type="text"/> <small>Type the abbreviation of your State, then scroll to choose your Affiliate. CN=Canada, IT=Italy, MX=Mexico, PR=Puerto Rico, VI=Virgin Islands</small>
Date Class Ended *	<input type="text"/> m/d/yyyy
Number of People Starting the Class *	<input type="text"/>
Number of Veterans, Active Duty or Related Participants? *	0 <small>This number cannot be larger than the participation number reported above, i.e. if there were 10 total participants and 6 were veterans, then report 6.</small>
Number of People Finishing the Class *	<input type="text"/> <small>If none, input 0</small>
Language Presented In *	<input checked="" type="radio"/> English <input type="radio"/> Specify your own value: <input type="text"/>
Was the Class Held in Partnership with the Veterans Administration? *	<input type="button" value="No"/>
Did You Actively Encourage Participants to Become NAMI Members? *	<input type="button" value="Yes"/>
Is This a Corrected Version of a Prior Submission?	<input type="button" value="No"/> <small>If you have already submitted this information, but are re-submitting with corrected information, choose Yes.</small>

- Click 'OK' when you're done

That's it! If you have any problems, contact *data@namiga.org* for assistance.

Thank you for all you do for individuals and families affected by mental illness! With each class, presentation, and support group, you are reaching people in need. Your work is vital and much appreciated.