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| **Send Completed Form WITH A COPY OF EACH LOCAL CHE REPORT to Partners of WHA, Inc. STATE CHE Chair by March 1** | | | ***Original Copy for Reporting***  ***Please Print or Type. Make Copy for File*** | |
| **REPORT FOR 20\_\_\_\_\_\_\_\_\_\_\_\_\_**  **January 1-December 31**  **DISTRICT COMPILED COMMUNITY HEALTH EDUCATION CHAIR’S REPORT**  **DISTRICT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **District CHE Chair:** | | | | **Term** |
| **Address: Street** | **City** | | | **Zip** |
| **Telephone No.** | | **Email** | | **FAX** |
| 1. Number of Local Organizations in District \_\_\_\_\_\_\_\_\_\_ | | 2. Number of Local Organizations Reporting \_\_\_\_\_\_\_\_\_\_\_\_ | | 3. Number of Local Organizations with CHE Chair  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 4. Number of Organizations in District Assisting in Hospital Education Projects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **NUMBERS REFLECT TOTAL FOR ALL ORGANIZATIONS IN** DISTRICT  5. Number of ONGOING Health Education Projects  from Previous Years \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 6. Number of NEW Health Education Projects Started  this Past Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 7. Number of Ongoing and New Education Projects of All Organizations in District: **Total\_\_\_\_\_\_\_\_** | | |
| 8. Number of Articles Written for Newsletters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. Number of Health Education Reports Given at General Meetings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. In the space below list Projects/Reports that Local Organizations in your District reported that promote Partners Health Education Focus | | |
| Sign: Local Community Health Education Chair or Person Completing Form | | Date |

District Community Health Education Chair’s Annual Report August 2020