

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 _____

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