

Send to **DISTRICT CHAIR** by January 31
either electronically or one paper copy

Original Copy for Reporting
PLEASE PRINT OR TYPE

REPORT FOR: 20_____

LOCAL ORGANIZATION COMMUNITY HEALTH EDUCATION REPORT

Reporting Period: January 1-December 31

DISTRICT _____

CHE Chair:

CHE Term

Address: Street

City

Zip

Telephone No.

Email

Fax

Name of Organization Reporting:

Name of Affiliated Hospital:

Address: Street

City

Zip

1. Does your organization assist in hospital education projects? **Y or N**

2. Number of ONGOING health education projects from previous years. _____

3. Number of NEW health education projects started during this year of reporting. _____

4. Total health education projects for the year – number should be the total of #2 and #3 _____

Please be sure that your reported numbers match those reported on your local president's end of year report.

5. Number of articles written for newsletter. _____

6. Number of health education reports given at general membership meetings: Total _____

What were the subjects of the reports? (use additional sheet if necessary)

7. Are you interested in presenting a health education project at State Convention? **Y or N**

Project Name

8. Either here or on a separate sheet, please give a general description of one of your local organization's special projects related to health education.

Sign: Local Community Health Chair or Person Completing Form

Date