

Living Well with Chronic Conditions Program Summary

*Please send this form and the 'Participant Information' form to 800 NE Oregon Street, Suite 730, Portland OR 97232 or fax to 971-673-0994 **within two weeks** of completing a community program.*

Leader/Trainer Names: _____

Dates of Program: _____ Location of Program: _____

Did you charge for the program? No Yes, if so, how much? _____

Number who signed up to attend: _____

Number who attended at least one session: _____

Number who attended at least 4 of the 6 sessions: _____

How did you recruit participants for this program?

- Fliers/brochures Presentations to community groups
 Newspaper/radio/TV promotion Referrals from partner agencies
 Other _____

Was a "Living Well Fidelity Checklist" used to observe and assess program fidelity during this workshop series?

- Yes No N/A—Leaders already observed for fidelity this year.

What worked well? (Recruitment, program, etc?)

Did you have any challenges or difficulties?

What are the dates of your next program? How can we help?

Check here if you would like someone from DHS to contact you for help or suggestions. If so, please add name and contact phone or email:

Questions or suggestions? Call us at 971-673-0984. Thank you!

Updated 10/09/09