



KOHP, KOHP with Diabetes Class Report Form

Leader Instructions: Please provide the requested details about this Workshop. Please print clearly. Use this as a cover sheet for the completed data collection forms to return to the KOHP Coordinator.

1. Site Name: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Registration Information:

Contact Name: _____

Contact Number: _____

3. Group Leaders' Names (Please provide full first and last names.) If we may contact you with questions about these forms, please provide your daytime phone number as well.

_____	_____	<input type="checkbox"/> Staff or
First Name	Last Name	<input type="checkbox"/> Volunteer? Ph: (____) ____ - _____

_____	_____	<input type="checkbox"/> Staff or
First Name	Last Name	<input type="checkbox"/> Volunteer? Ph: (____) ____ - _____

4. Workshop Start Date: _____ to End Date: _____
(mm/dd/yy) (mm/dd/yy)

Workshop Times: _____

5. What type of workshop is this? (Mark only one.)

- KOHP (CDSMP) KOHP with Diabetes (DSMP)
- Tomando Control de su Salud (Spanish CDSMP)

Planned Advertising Efforts – Please check all that apply

Distribution of Fliers

- Various businesses
- Senior Centers
- Physician Offices
- Other _____

- Church Bulletins
- Placed Radio Spots on local radio stations
- Presentation to local groups
- Visits to physician offices

Placed Articles in:

- Local Newspapers
- Business newsletters
- Extension newsletter
- Senior newsletter

Please list other planned participant recruitment ideas: _____

Please turn over

KOHP Class Report Form—continued

7. Number of participants *enrolled*, attending at least 1 session * : _____

8. Number of participants who *completed at least 4 sessions* * : _____

* *Excluding "Session 0"*

9. Number of *KOHP Participant Registration Forms* included in the returned packet: _____

If the number of forms is fewer than the number of participants noted in #7 above, please provide a brief explanation (e.g., illness, refusal, loss or destruction of forms, etc.):

Instructions to return forms at one time with the exception of the KOHP Class Report Form (KOHP Class Report Form page 1 is always returned as soon as a class is scheduled):

Please return the following forms to the KOHP Coordinator (contact information below) within 2 weeks after the final session:

- This *KOHP Class Report Form* –pages 1 and 2 (***page 1 is due as soon as the class is scheduled in order to help advertise the workshop***)
- KOHP Class Attendance Form*
- All completed *KOHP Participant Registration Forms*
- All completed *KOHP Participant Feedback Forms*

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For Coordinator Use Only

Host Organization Name: _____

Funding Source for this Workshop: AoA CDC Arthritis Program Both AoA/CDC Other