High Country Area Agency on Aging EBHP Program Checklist

*Please complete and return the following checklist upon completion of your EBHP program along with all program paperwork to the HCAAA. Please **return** to HCAAA **within 14 days** of last class.*

Instructor name(s): _____

Program name: _____

Class location: _____ **Start date:** __/__/__ **End date:** ___/__/__

[*AAA USE ONLY*] Number of program completers: _____

Stipend request: ◯ Yes ◯ No

Thank you for leading a successful workshop! Check yes or no below to accept or decline the stipend. Stipends are available when funding allows. If you decline your stipend, that funding will be utilized to support other instructors and the Health Promotion Program.

Program Checklist:

- ☐ *Did you promote SHIIP/SMP resources to the class at least once?*
  Date displayed: __/__/__ Zip Code: _____ # of students present: ___
- ☐ *Did you promote the opportunity to make contributions to the program at least once?*
- ☐ *Did you keep the emergency contact sheet with you for every session?*
- ☐ *Do you have all participant registration forms and the attendance sheet to turn into the AAA?*

Leadership Potential:

Were there any students in your class that demonstrated the potential or interest in becoming a fall prevention or health promotion leaders in the future? If yes, please share their name(s), why they would be a good leader, and any additional information you feel is helpful.

_____

_____

Program Reflections:

Please take a few minutes to reflect on the class. What went well? What would you like to do differently for your next workshop? Is there any support or training that you would request from the AAA staff or fellow instructors?

_____

_____

Thank You!!!