

**Office of Family Planning and Home Visiting  
Maternal and Child Health Bureau  
Maryland Title X Family Planning Program  
Community Health Education Annual Report Form**

**Family Planning Program Reporting:** \_\_\_\_\_

**Person Name & Title Completing Report:** \_\_\_\_\_

**Date of Report:** \_\_\_\_\_

**Instructions:** This form is to be used to document all community health education activities conducted. What is considered a community health education activity? A community health education activity may consist of presentations conducted on specific health topic (e.g., contraceptive methods, nutrition, and relationships). The activity may take place locally or statewide (e.g., school, recreational center, college campus, religious center, community clinic, and community support centers).

**Program Narrative:** (Goal and Objectives including estimated number(s) to be performed for each category)

**List Clinic Education Programs Conducted:** (e.g., presentations, groups (adult, teenage))

**List Community Education Programs Conducted:** (e.g., church/Faith Based Centers, schools, community centers, Family Support Centers, local government agencies (WIC, DSS), colleges/universities, Libraries)

**List Informational and Educational Reviews Conducted:** (e.g., date, location, and representation of community)

**Community Participation (Advisory Committee):** (e.g., participation in the development, implementation, and evaluation of the project – Family Planning Program services and health needs of the community) \*(**meeting minutes should be maintained at your site**)

**List Health Fairs Attended or Sponsored:** (e.g., date, facility name & address)

**List Project Promotions Conducted:** (e.g., community awareness and access to FP services (radio, television, local & state newspaper/newsletter))