Office of Family and Community Health Services  
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, adolescent)

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)

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)

- You may also attach any tables that provide the above information