ATSDR Health Education Form ARMSS (WORD)

Form Approved

OMB No. 0923-0057

Exp. Date 09/30/2023

ATSDR estimates the average public reporting burden for this collection of information as 4 minutes response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (0923-0057).

**Create Activity Form (Screen 1)**

|  |  |
| --- | --- |
| Activity Type | Dropdown |
| Requested Source | Dropdown |
| Requested Source Details (Optional) | Fill in |
| Request Description | Fill in |
| Source POC (Optional) | Fill in |
| Coop Program | Yes/No |
| Jurisdiction | Dropdown |
| Choose Safe Places for Early Care and Education | Yes/No |
| Activity Name | Fill in |
| Section | Dropdown |
| Team/Region | Dropdown |
| Current POC | Dropdown |
| Planned Start Date | Select date |
| Notes (Optional) | Fill in |

**Edit Health Education (Screen 2)**

|  |  |
| --- | --- |
| Site Info | Attach to site/Manage site association |
| Documents | Attach/Upload any additional documents |

|  |  |
| --- | --- |
| Actual Start Date | Select date |
| Complete Date | Select date |
| Description | Fill in |
| Training Details |  |
| Delivery Method | Dropdown |
| Community Intervention Initiative | Dropdown |
| Direct Training Provider | HE/CI Training Method |
| Participant Evaluation |  |
| Number of Community Participants | Fill in |
| Number of People Understanding Health Risk | Fill in |
| Number of People Understanding Pathways | Fill in  |
| Number of People Knowing Contact for Concerns | Fill in |
| Materials Evaluation |  |
| Were material distributed | Yes/No |
| Number of people receiving materials | Fill in |
| Number of people understanding materials | Fill in |
| Number of materials distributed electronically | Fill in |
| Number of materials distributed non-electronically | Fill in |