

Evaluation Form: Community Health Worker Hands-on Experience

Supervisor's Name: [Supervisor's Name]

Community Health Worker's Name: [CHW's Name]

Date of Evaluation: [Date]

Hours Completed by the Community Health Worker: [Hours]

Please rate the Community Health Worker's performance in the hands-on experience based on the following criteria:

Knowledge and Understanding:

- Demonstrates understanding of the key concepts and principles related to blood pressure control and social determinants of health.
- Applies the knowledge gained from the course to the hands-on experience effectively.

Rating: [Dropdown rating scale: Excellent, Good, Satisfactory, Needs Improvement]

Health Education Delivery:

- Prepares and delivers health lessons effectively, using clear and concise language.
- Engages the audience and effectively communicates important information on blood pressure control and healthy lifestyle behaviors.

Rating: [Dropdown rating scale: Excellent, Good, Satisfactory, Needs Improvement]

Blood Pressure Screening:

- Demonstrates proficiency in measuring blood pressure accurately and following proper techniques.
- Adheres to safety protocols and maintains confidentiality during screenings.

Rating: [Dropdown rating scale: Excellent, Good, Satisfactory, Needs Improvement]

Referral Process:

- Utilizes the social navigation platform effectively to identify appropriate resources and services for individuals in need.
- Demonstrates understanding of the referral process and follows up with individuals to ensure they receive the necessary support.

Rating: [Dropdown rating scale: Excellent, Good, Satisfactory, Needs Improvement]

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Collaboration and Communication:

- Works collaboratively with the supervisor and other healthcare professionals.
- Effectively communicates with individuals, showing empathy and respect.

Rating: [Dropdown rating scale: Excellent, Good, Satisfactory, Needs Improvement]

Professionalism and Ethical Practice:

- Demonstrates professionalism, punctuality, and reliability in fulfilling responsibilities.
- Adheres to ethical standards and maintains confidentiality of individuals' health information.

Rating: [Dropdown rating scale: Excellent, Good, Satisfactory, Needs Improvement]

Overall Performance:

- Assesses the CHW's overall performance in the hands-on experience, considering their achievement of the learning objectives and ability to apply knowledge effectively.

Rating: [Dropdown rating scale: Excellent, Good, Satisfactory, Needs Improvement]

Comments and Feedback:

[Text box for supervisor's comments and feedback on the CHW's performance]

Development Areas and Action Plan:

[Text box for supervisor's suggestions on areas for improvement and action plan for the CHW's further development]

Supervisor's Signature: _____

Date: _____