**Community Health Worker Observation Form**

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| **Community Health Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  **Visit Type:*** **Initial Visit 1**
* **Home Visit 2**
* **Home Visit 3**
* **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |  **Reviewer:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Encounter Date: \_\_\_\_\_\_\_\_\_\_\_**  |
| **Observation:** * **In-person**
* **Phone**
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| **Scoring Instructions:*** Check box if content/process is completed correctly.
* Mark **N/A** if item is not applicable to visit.
* Each check equals one point.

**POSSIBLE POINTS (circle) = 30 (Home) or 25 (Phone)****TOTAL SCORE = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Recommendations:** * **Additional training**
* **1 on 1 review**
* **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **None**

**Community Health Worker received feedback:**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

| **CONTENT/PROCESS** | **COMMENTS** | **POSSIBLE PTS./ SCORE** |
| --- | --- | --- |
| **Introduction*** Greets/introduces cordially; states purpose of visit
* Reviews Introduction sheet (home visit 1) *or* provides review of previous visits.
* Identifies/discusses potential health priorities on participant summary sheet (home visit 1) *or* asks what health areas participant wishes to discuss.
* Discusses importance of each health area(s) identified.
* Listens & interacts well.
 |  | **5 points****possible** |
| **Points Earned:** |
| **Education Topic Review (Home Visits Only)*** Identifies new education topic based on participant summary sheet and/or participant interest.
* Reviews related “Education Topic” section of training manual accurately.
* Confirms participant’s understanding of information & corrects inaccuracies as needed.
* Provides information/education clearly & at a level participant understands.
* Asks open ended questions regarding material.
 |  | **5 points****possible** |
| **Points Earned:** |
|  **N/A****(phone visit)** |

| **CONTENT/PROCESS** | **COMMENTS** | **POSSIBLE PTS./ SCORE** |
| --- | --- | --- |
| **Goal Setting/Barriers (Home & Phone Encounters)*** Identifies
* goal(s) set at previous encounter based on participant summary sheet  *or* N/A (home visit 1).
* Discusses possible barriers for achieving goal(s). If goal was not achieved, help participant problem solve ways to overcome barriers.
* Provides positive reinforcement for partial or complete goal achievement or attempted efforts.
* Helps participant set new, realistic goal(s).
* Reviews handouts related to new goal(s).
* Asks about possible barriers to achieving goal.
* Affirms ability to achieve goal & asks about rewards participant will give themselves for goal achievement.
* Asks about confidence level to achieve goal.
 |  | **10 points****possible** |
| **Points Earned:** |
| **Visit Summary/Closure*** Recaps key information from visit.
* Reviews follow up as needed (i.e. PCP visits) *or* confirms participant has resources to meet their goals.
* Confirms participant understanding of goals.
* Schedules next phone call or home visit & summarizes what to expect.
* Affirms progress participant made to manage health.
 |  | **5 points****possible** |
| **Points Earned:** |
| **Data Collection/Encounter Form*** Clear & legible handwriting on encounter form.
* Completes each question/area correctly.
* Ensures all header items (Client ID; date; CHW initials) are recorded on each page.
* Accurately records education topics & goals covered on participant summary sheet.
 |  | **5 points****possible** |
| **Points Earned:** |

**Other Comments:**

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