



Workshop Planning Guide

Organization sponsoring workshop	
Person responsible for program coordination	Name: Phone: Email:
Workshop leaders	Leader 1: Phone: Leader 2: Phone:
Workshop details	Workshop site: Beginning Date: Ending Date: Time:
Are there individuals from your organization or the community that would be very supportive or "a champion" for the program?	<input type="checkbox"/> Yes Who: <input type="checkbox"/> No What is their role?
Referral partners or co-sponsors?	
Marketing plan	<input type="checkbox"/> Flyers <input type="checkbox"/> Referral partners <input type="checkbox"/> Post card reminder <input type="checkbox"/> Newspaper/newsletter article/Press release <input type="checkbox"/> Presentation Who: <input type="checkbox"/> Other marketing strategies:

Workshop supply check list	<input type="checkbox"/> A leaders manual for each leader <input type="checkbox"/> Living a Healthy Life with Chronic Conditions (Books) <input type="checkbox"/> Set of Charts (Appendix 1 in Leaders Manual) <input type="checkbox"/> Name tags <input type="checkbox"/> Easel <input type="checkbox"/> Blank flip charts/markers, or whiteboard/markers, or chalkboard/chalk <input type="checkbox"/> Attendance sheet <input type="checkbox"/> Extra paper and pencils <input type="checkbox"/> Kleenex <input type="checkbox"/> Participant paperwork <input type="checkbox"/> Other:
Leader responsibility check list	<input type="checkbox"/> Always arrive on time and prepared for each session <input type="checkbox"/> Follow the leaders manual content and process <input type="checkbox"/> Model session activities appropriately <input type="checkbox"/> Work as partner with co-leader <input type="checkbox"/> Use brainstorm techniques correctly (repeat question; use silence; offer own response only at end of brainstorm) <input type="checkbox"/> Use problem solving (direct questions back to the group for brain storm) <input type="checkbox"/> Encourage group participation <input type="checkbox"/> Model action planning appropriately <input type="checkbox"/> Positively reinforce group members <input type="checkbox"/> Handle problem people appropriately <input type="checkbox"/> Call program coordinator if any problems arise or you have any questions
Leader report and follow up tasks	<input type="checkbox"/> Contact Sally at shurst@osteo.wvsom.edu so your workshop can be posted on the Live Well Workshop Calendar <input type="checkbox"/> Number of participants who began the workshop <input type="checkbox"/> Number of participants who completed the workshop (4 or more sessions) <input type="checkbox"/> Any potential peer leaders? Who:
Comments	

Please send this information at least 1 month prior to workshop to: shurst@osteo.wvsom.edu

Thank You!