



Kansas CHW Education Program Service Learning Reflections & Report Form

Instructions: Please complete one (1) *Service Learning Reflections & Report Form* for each Service Learning experience. Complete all questions listed below. **NOTE:** A case study/review may be used as Service Learning but requires a signature from a CHW supervisor, lead instructor, or course facilitator.

Student Name

Date of Service Learning Activity

Type of Service Learning

(e.g., webinar, case study, shadowing, health event, educational session, pop-up testing, planning of an event, facilitating support groups, etc.)

Title of event

Who coordinated the event?

(e.g., national association, state association/organization, hospital, community/coalition, etc.)

Service Learning hours earned

Please answer the following questions:

1. Summarize what you learned in the activity and describe three significant observations that pertain to practicing as a CHW in 200 words or more.

2. Which core competencies apply to your service-learning event? Please check all that apply. Follow this link to read more about the core competencies: <https://kschw.org/wp-content/uploads/2022/06/KS-CHW-Core-Competencies-1.pdf>

- | | |
|---|--|
| <input type="checkbox"/> Self-awareness | <input type="checkbox"/> Documentation & Reporting |
| <input type="checkbox"/> Service Coordination & System Navigation | <input type="checkbox"/> Professionalism & Conduct |
| <input type="checkbox"/> Educating to Promote Healthy Behavior Change, Resource Knowledge | <input type="checkbox"/> Use of Public Health/Community Health Concepts & Approaches |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Individual Assessment |
| <input type="checkbox"/> Individual & Community Capacity Building | <input type="checkbox"/> Community Assessment, Identify Barriers & Resources |
| <input type="checkbox"/> Effective Communication Strategies | |
| <input type="checkbox"/> Cultural Responsiveness | |

3. Please discuss the significant ways that you can use what you learned in your practice as a CHW. How will this help you increase your skill and CHW ability? If this service learning opportunity did not provide information that you were hoping to gain, what was missing that could be added and/or improved for you and your clients in the future?

Is this Service Learning opportunity a case study/report? Check one.

- Yes _____ (CHW Employer Signature Required)
- No (No additional signature is required.)