

## **Keeping Track**

Name			Date					
Му р	orogress to o	date						
Please	rate your experi	ence and knowled	lge of each ec	ıch su	bject (	on a s	cale o	f 1-4
1= nor	I = none 2 = low 3 = moderate 4 = high		N/A = not applicable					
1. Un	derstanding the	role of a CHW		1	2	3	4	N/A
	orking with peop nders, and abiliti	le from different o es	ultures,	1	2	3	4	N/A
	=	th people of differ hem feel comfort		1	2	3	4	N/A
4. Wo	orking with a tea	m		1	2	3	4	N/A
5. Mc	ınaging my safet	y in the communit	:y	1	2	3	4	N/A
	derstanding HIP my patients/clie	PA and how it app nts	olies	1	2	3	4	N/A
7. Us	ing the motivatio	onal interviewing t	technique	1	2	3	4	N/A
		scope of practice Il responsibilities	and	1	2	3	4	N/A
9. Pr	acticing active lis	stening		1	2	3	4	N/A
10. Us	ed networking sk	cills to get things o	lone	1	2	3	4	N/A
11. Ad	vocating for pati	ient/client		1	2	3	4	N/A
12. Sharing information on a health issue with a patient/client		1	2	3	4	N/A		
Who	ıt I want to f	ocus on lear	ning over	the	nex	t mo	nth:	