



Wisconsin Asthma Coalition (WAC) Asthma Educational Activity Reporting Form

Name of Program:		
City Program Took Place:		Zip Code:
Date of Program:	Program Length:	# WAC Members Teaching:
Contact Person:	Phone:	E-mail:
Was the program completed in languages other than English?		If yes, what language(s)?
Was the program evaluated? <small>(i.e. pre/post testing, outcome measurements, etc)</small>		
Program Was Sponsored By: (please check all that apply)		
American Lung Association of Wisconsin	Chippewa County Asthma Coalition	
Dane County Asthma Coalition	Green Bay Area Asthma Coalition	
Fight Asthma Milwaukee (FAM) Allies	Fond du Lac Asthma Management Coalition	
Fox Valley Asthma Coalition	La Crosse Partners	
Manitowoc County Asthma Coalition	Marathon County Asthma Coalition	
Other(s)?		
Target Audience: (please enter number of attendees)		
Childcare providers	Payers	Faith-based organizations
Coaches, phys. ed. instructors	Public health nurses	Pharmacies
Community outreach workers	School nurses	Peer education
Elder care facilities	Teachers	Other(s):
Employers	Universities	
Foster parents	EMT and paramedics	Total Number of Participants

Please return completed forms to kgrimes@chw.org or fax to: (414) 390-2190.



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