



Pre-Workshop Checklist and Participant Recruitment Plan

The Health Promotion team at AgeOptions is thrilled to have you as a partner and is eager to provide you with the tools needed to deliver a successful workshop. Here is a checklist to provide general guidance for steps that will help keep the implementation of your workshop on track. Check it out!

| 8 Weeks Prior to Workshop | Date: | | |
|--|--|--|--|
| Action | How do I do this? | | |
| ☐Schedule an information session for your community members (optional) | An information session (Class Zero) introduces potential participants to workshop topics. Talk to your Community Health Worker (CHW) about scheduling one and include this when you complete the Workshop Scheduling Form. | | |
| ☐Identify and reserve space for a workshop; schedule for 7 weeks | CHW can provide you with guidelines and requirements for identifying or creating the best workshop environment. | | |
| ☐ Register your workshop with AgeOptions | Use the online Workshop Scheduling Form found at this link: https://ilpathwaystohealth.wufoo.com/forms/m119ko001bauim3/ Contact your CHW or another Health Promotion Team member if you need assistance. | | |
| ☐ Create a participant recruitment plan | The reverse side of this form offers a Participant Recruitment Plan template . Work with your CHW to devise a strategy that works best for you and your organization. | | |
| ☐ Obtain promotional material(s) | Flyers are available upon request. | | |
| 6 Weeks Prior to Workshop (sooner whenever possible) Date: | | | |
| Action | How do I do this? | | |
| ☐ Display and share marketing materials | Refer to your participant recruitment plan to ensure you have the marketing materials that work best for your organization. | | |
| 4 Weeks Prior to Workshop Date: | | | |
| Action | How do I do this? | | |
| ☐ Check participant registration numbers | There is a minimum participant registration requirement. Refer to your participant recruitment plan or get in touch with your CHW if you have questions. | | |
| ☐ Communicate recruitment challenges with Community Health Worker (CHW) | Do this through an email, phone call or follow up meeting. Whatever works best for you! | | |
| 2 Weeks Prior to Workshop | Date: | | |
| Action | How do I do this? | | |
| ☐ Check participant registration to ensure there are at least 8 registered | Refer to your participant recruitment plan or get in touch with your CHW if you have barriers to meeting this goal. | | |
| ☐ Confirm that there are no conflicts with workshop space | Verify dates of each of the 6 sessions (which can be found in your workshop registration confirmation email) and compare to your organization's room reservation system or calendar. | | |
| Day of 1st Workshop Session Date: | | | |
| Action | How do I do this? | | |
| ☐ Confirm total participant attendance numbers | There must be at least 10 people registered and at least 7 people present at Session 1. New participants can join the workshop during Session 2, but no new participants can join after Session 2 . | | |





Participant Recruitment Plan Template

| Pre-Workshop | | | |
|--|-----------------------------------|-----------------|--|
| Strategy | Action | Things Required | |
| ☐ Create an informational table | | | |
| ☐ Host an "Information Session" | | | |
| ☐ Promote at monthly gatherings or lunches | | | |
| ☐ Include information in your newsletter | | | |
| ☐ Share on your Facebook page and/or ask to have shared on AO Take Charge page as well | | | |
| ☐ Direct those interested in more information to the Illinois Pathways to Health website | | | |
| ☐ Offer to have healthy snack or meal | | | |
| ☐ Run the Take Charge video on TVs in lobbies, waiting or community rooms | | | |
| ☐ Find patients, clients or community leaders that can act as ambassadors for the program | | | |
| ☐ Engage local fraternal, social or philanthropic groups | | | |
| ☐ Send or have AO send your registered participants a welcome letter with workshop details | | | |
| Finishing Touches | | | |
| Strategy | Action | Things Required | |
| ☐ Take a picture of your workshop graduates | | | |
| ☐ Have a program/center manager or administrator acknowledge the graduates at the last class | | | |
| Partner Signature | Community Health Worker Signature | Date | |