Chapter Self-Evaluation Form

Chapter: _____ Date: _____

To be filled out by the Executive Committee at the meeting prior to the Chapter Visit. Use more paper for additional comments if necessary. This form is confidential, so please be as honest as possible.

For each area below, rate the chapter's performance in that particular area on a scale of 1 to 5. A 1 rating suggests need for improvement, a 5 rating suggests success. In addition to the number, add a "+" (plus) if you feel the chapter is improving in this area, and a "-" (minus) if you feel the chapter is slipping in this area, and a "0" (zero) if the area is holding steady.

Academics	_____	Image	_____
Alumni Relations	_____	Leadership	_____
Campus Activities/Involvement	_____	Morale/Motivation	_____
Chapter Operations/Committees	_____	Pledge Education	_____
Finances	_____	Recruitment	_____
House Management	_____	Social	_____

Chapter Finances and Numbers

Accounts Receivable

Number of dues paying members _____
x (times)
Dues per semester _____
Equals Total Accounts Receivable
_____

Number of members paid _____
Number of members unpaid _____

Accounts Payable

Total current Chapter Bill _____

Total budgeted expenses _____

Programming Needs

List three areas in order of priority that you would like the Programming Coordinator to address during his visit:

1. _____
2. _____
3. _____