Minnesota Women of Today
New Chapter State Delegate Evaluation Form
Name: District: Year:

I. **GOALS**: (You must list at least three goals but no more than five. These goals should be the ones listed in your State Delegate Fast Start or Plan of Action. If you have made changes to your goals, please note the changes and the reason why a change was made.)

A. **Goal I** (Chose a goal you have about your role as a liaison.)
   1. **Implement**
      a. (List the action you took to accomplish this goal)
   2. **Results**
      a. (List what happened as the results of your actions – e.g. number of new members signed, number of certifications)
   3. **Lessons Learned**
      a. (List what worked, what did not work, what would you differently)

B. **Goal II** (Choose a goal you have about visitations.)
   1. **Implement**
   2. **Results**
   3. **Lessons Learned**

C. **Goal III** (Use a goal you have about communicating to your chapter about activities or promotions about district, state or national events.)
   1.**Implement**
   2. **Results**
   3. Lessons Learned

II. **CHAPTER MANAGEMENT**

A. What is your average meeting attendance? Describe how you encourage meeting attendance.
   1.District
   2.State
B. Explain the ways you communicate with your chapter members including frequency and new ideas you implemented. (phone calls, newsletters, etc.)
C. Explain new projects/programs that you implemented.
D. Describe other resources you used to assist you during your year as state delegate. (round tables, Pres/State Del Retreat, district director, etc.)

III. **MEMBERSHIP**

A. Chapter charter date _____ Chapter membership _____ Current membership _____
B. List the efforts you undertook to maintain and/or increase membership.

IV. **EVALUATION**

A. What has been your biggest challenges and why?
B. What has been your most successful activity and why?
C. What do you wish you would have known prior to taking to this position?
D. Explain any additional information not included above that you would like to include.