

**MINNESOTA WOMEN OF TODAY
PROGRAMMING EVALUATION FORM**

AREA: COMMUNITY CONNECTIONS

(Optional) Print Name: _____ Chapter: _____
 Address: _____ Phone: _____ Email: _____

Please indicate if this is _____ an individual or _____ chapter response.
 If chapter response, the number of chapter members included in the response. _____

1. What is the level of participation by your chapter members in this programming area in the last three (3) years?

	Low			High	
Local	1	2	3	4	5
District	1	2	3	4	5
State	1	2	3	4	5

2. How has your chapter participated in the Community Connections Area in the past two years? (Community Projects, Community Celebrations, Environmental Projects, Military Projects, True Friends, etc).

3. Did your chapter participate in the USWT External Programming Area (Domestic Violence Awareness)?
 If so, what projects did you work on? Any ideas on how we can work more efficiently with the US Women of Today in this area?

4. Are you aware that the SPM promotes an area of emphasis each year? _____Yes _____No
 Did you participate?

5. Who passes on information about Community Connections to the members in your chapter?
 _____Local Program Manager _____Programming Vice President _____Other: _____
 How often? _____monthly _____each trimester _____less than once a trimester _____never

6. What do you like about the Community Connections program area?

7. What would you change about the Community Connections program area?
8. What new ideas could be developed in this area?
9. Does your chapter participate in the year end Community Connections Awards Program?
_____ Yes _____No If no, why not?
10. Does your chapter participate in the Outstanding Persons with Developmental Challenges Program?
_____ Yes _____No If no, why not?
11. Do you feel the Community Connections area should continue in our programming?
_____ Yes _____No If no, why not?
12. Any other comments, ideas or suggestions?

Return form to: pvp@mnowt.org or submit online at www.mnowt.org ~ Due by July 1, 2019