

**MINNESOTA WOMEN OF TODAY
PROGRAMMING EVALUATION FORM**

AREA: PRIORITY AREA

(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 Priority Area in the past two years? Please notate which priority area for each answer as they change every 3 years. Fundraising, attend an event at the foundation, volunteer at the foundation, etc.
3. Did your chapter participate in the USWT External Programming Area (Domestic Violence Awareness)? Any ideas on how we can work more efficiently with the US Women of Today in this area?
4. Did the SPM offer challenges, service projects and events to be a part of? _____ Yes _____ No
Did you participate?
5. Who passes on information about the Priority Area 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 Priority program area?

7. What would you change about the Priority program area?

8. What new ideas could be developed in this area?

Yes No If no, why not?

9. Does your chapter submit nominations for Project of the Trimester for the Priority Area?

Yes No If no, why not?

10. Do you feel the Priority Area should continue in our programming?

Yes No If no, why not?

11. Any other comments, ideas or suggestions?

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