

2017-2018 MNWT PROGRAMMING EVALUATION
AREA: YOUTH OF TODAY (Use additional paper if needed)

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

1. Have you or your chapter participated in the Youth of Today area? _____ Yes _____ No

2. What are the strengths or what do you like about the MNWT Youth of Today programming area?

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

4. Does your chapter participate in the Outstanding Young Adult Program? If not, why. _____ Yes _____ No

5. Does your chapter support the YT SPM promoted foundation? If not, why. _____ Yes _____ No
Examples of YT sponsored foundations include Hope 4 Youth, Bridge for Youth, PACER National Bullying Center, 4H, Minnesota Free Arts

6. Any other comments related to the Youth of Today area?

Please indicate if this is an individual or chapter response.	
<input type="checkbox"/> Individual	<input type="checkbox"/> Chapter – Number of chapter members included in chapter response _____

Return to EVP@mnwt.org with deadline of July 31, 2017.