

Chapter Health Assessment for Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This assessment is designed to determine whether the chapter is on track to succeed.

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| --- | --- | --- |
|  |  | |
| **Organization** | Poor | Average | | Great | NOTES |
| Registration desk with someone warmly welcoming you? |  |  | |  |  |
| How did Chapter handled any guests/potential new members |  |  | |  |  |
| Was there an organized agenda and was it followed? |  |  | |  |  |
| Overall feeling of welcome from the chapter |  |  | |  |  |
|  | | |
| **Location** | Poor | Average | | Great | NOTES |
| Was the location convenient for the members and guests? |  |  | |  |  |
| Was the room set up/seating conductive to networking and getting to know each other? |  |  | |  |  |
| Was the sound quality such that you could hear the speaker clearly? |  |  | |  |  |
|  | | |
| **Execution** | Poor | Average | | Great | NOTES |
| Rate the speaker for the chapter meeting |  |  | |  |  |
| Did the meeting facilitate growth and development of the membership and/or the Chapter? |  |  | |  |  |

Take a few moments to answer each question by rating each item on a scale of 1-10 using the rating system below. After you answer all the questions, average your score and rate the chapter.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | | | |
| **Chapter Leadership** | Poor | | | Average | Great | NOTES | |
| Leadership team appeared to be well prepared |  | | |  |  |  | |
| Understand NARPM organization/ structure/tools available |  | | |  |  |  | |
| Leaders was Positive |  | | |  |  |  | |
| Leaders was Professional |  | | |  |  |  | |

|  |  |
| --- | --- |
| **Strategic Plan** |  |
| What is the leadership’s plan for growing the chapter? |  |
| What elements of the chapter does the BOD feel need to improve? Do they have a plan? |  |
| How has the chapter engaged members to encourage new membership? |  |
| Additional Notes on Chapter: | |

Submitted By: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed form to NARPM® National