

Name Office

S/P/N	Chapter Name	Region
3/P/N	Chapter Name	Region

Chapter Needs Assessment / EVEN Numbered Year

Indicate current year 2016, 2018. 2020. etc.

To be completed by: Chapter membership chairman & chapter president Input from chapter members may be helpful Note: Information may flow to the next page if needed. The CHAPTER MEMBERSHIP CHAIRMAN is to return the completed form on line, by mail or email: To S/P/N membership consultant AND to the regional membership consultant On or before Oct. 1 (postmark deadline) required to receive a pearl for the Seven Pearl Award	Current number of members 1. Active • Engaged in education * • Not engaged in education _ 2. Active on Leave 3. Limited 4. Honorary
* Note: Retired educators may continue to be active in volunteering in schools, supervising student teache	ers, teaching evening classes, GED classe

include regularly subbing or es, college classes, etc. Chapter Balance: Total number of members in your chapter: __ Senior High teachers ____ a. Retired members
b. Elementary teachers Non-traditional roles ____ please identify: _____ e. Administrators b. Elementary teachers _____ e. Administrators _____ f. College personnel _____ h. Other : _____ g. 2. For the past five meetings, what was the average member meeting attendance? ______% 3. When did your chapter last initiate a new member?_____ How many? ____ 4. In the last biennium, how many members left the chapter (transfer, resign, drop by HQ, Omega, etc.)? List reason(s) for leaving, if known: 5. Does your chapter currently have a full slate of officers? Yes If no, which offices have not been filled and how do you plan to meet the responsibilities of those offices? 6. How does your chapter identify or locate new or prospective members? Please explain: 7. a. Are chapter meeting times and locations satisfactory to members Yes No do you know this? b. Do you use the Member Needs Assessment Form found in the Membership Development Manual to survey your members' needs and interests? Yes No If yes, how do you use it? If no, how do you determine the needs of your chapter members? 8. Check the types of programs you've had in the last year:_Professional Development Personal Development World Understanding Altruism Educational Excellence
Do members have time for fellowship at each meeting? Yes Do you have Fraternity Education at each meeting? Yes No During which type of programs do members seem most engaged? 9. a. Identify strengths of your chapter: b. Identify challenges your chapter is encountering: Note: please be specific and include as many details as possible for both items. 10. a. In the next two years, what do you hope your chapter will achieve in terms of membership goals? b. How will this be accomplished? Email _____ Telephone _____ Submitted by:

d.