

Chapter Wellness Check

To provide direction in setting goals for the chapter, a yearly wellness check is necessary. This activity is an excellent one for an executive board. **Results should be shared with the chapter. A copy of the completed chapter Wellness Check should be sent to your Area Coordinator.**

Chapter Name _____ Number _____ Area _____ Date _____

Chapter Statistics: Number of Members as of 10/31

_____ Active _____ Reserve _____ Honorary = **Total** _____

_____ Initiates _____ Reinstatements _____ Non Payment _____ Resignations _____ Deaths

_____ Under 30 _____ 30-55 _____ 55+

Number of chapter meetings per year: _____

Professional Roles of Members:

Teachers in Pre-school/Elementary Middle School High School

Administrators all levels Support staff all levels (ex. Counselor, librarian, nurse)

Educators in business Retired (very engaged)

Retired (limited engagement) Other _____

Member Participation:

_____ Do members know the name of the area coordinator?

_____ Do members have an elevator speech prepared that tells others of the Society?

_____ Do members regularly check websites? Chapter State International

_____ Do members attend meetings regularly?

_____ Does the chapter have a web watcher to report news from websites to members?

_____ Does the chapter communicate with members regularly? Check means of contact:

Telephone Email Newsletters Chapter website

_____ Does chapter use the talents of its members?

Check ways talents are used: Programs Projects

_____ Does the chapter regularly submit press releases about chapter projects, achievements of chapter/members, and/or special programs to news media?

_____ Does chapter membership reflect the inclusion of women educators by
(Check all reflected.)

Campus representation Educational levels Discipline Other

_____ Number of members who attended the most recent area workshop.

_____ Number of members who attended the most recent state convention.

_____ Number of members who attended the most recent international meeting.

Recognition:

_____ Does the chapter make an impact in the community?

_____ Does the chapter network with other chapters in the area with joint meetings, invitations to special occasions, or other contacts?

_____ Does the chapter support state and/or International funds with annual contributions?

_____ On a scale of 1-10, with 10 being *excellent*, how healthy is your chapter?

_____ Do you often tell others about (Check all that apply.)

Chapter projects Programs Mission Purposes

Name the persons you would contact for assistance with chapter, state or international organization questions or concerns.

1. _____ 2. _____ 3. _____