

DELTA CHI REPRESENTATIVE EVALUATION

ATTN: "A"

Delta Chi began its chapter visitation program in 1919 and remains today the International Headquarters' most visible service to chapters and colonies. In an effort to improve and expand this service, we ask for your candid evaluation of the representative. **Please complete and return this form to the Director of Chapter Services at the Headquarters within 48 hours of the representative's departure.**

NAME OF REPRESENTATIVE: _____ DATE: _____

1. Did the Representative meet with the following (please circle all applicable)?
"A" "B" "C" "D" "E" "F" "BB" ABT Pres. HC Pres. Greek Adv.
2. Did the Representative try to get to know the other members and associate members?
YES NO (If no, why not?):
3. Would you recommend him to other chapters/colonies?
YES NO (If no, why not?):
4. What could have been done to make the visit more successful and effective for your chapter/colony?
5. How would you rate his overall performance? ACCEPTABLE UNACCEPTABLE
6. Was he knowledgeable about the Fraternity and chapter operations and answered or found answers to your questions? YES NO
7. Was he upbeat, positive and enthusiastic? YES NO
8. Leadership Consultants are typically scheduled with only four days off per month. Extending the normal three-day visit could only be accomplished by the Convention raising dues to pay for more Consultants or by visiting chapters less often. What is your chapter's preference?
_____ 3 day visits (as normal)
_____ Raise dues to hire more staff
_____ Visit less often

PLEASE INCLUDE ADDITIONAL COMMENTS ON THE BACK SIDE. THANK YOU.

Chapter/Colony: _____ "A" Signature: _____