



AREA DIRECTOR REPORT

Chapter Name: _____

Date of Visit: _____

Time Management

Members Arriving on Time Yes No How many were late? _____

Did the meeting begin on time? Yes No If late, when did it start? _____

What time was the meeting over? _____

Leadership Team & Support Roles

POSITION

ON TIME?

Are Positions Filled?	<input type="checkbox"/>	Chapter Leader	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Executive Officer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Membership Director	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Event Director	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Education Director	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Guest Host	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Is the Leadership Team & Support Roles fulfilling their duties?

Chapter Leader	Following GBN Agenda?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Welcomes Visitors?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Executive Officer	Provides Chapter Report?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Takes Attendance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Membership Director	Announces Positions Seeking?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Provides How To Join Info?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Gives New Member Oath?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Education Director	Uses GBN Education Minute?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Event Director	Events Listed in Mobile App?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Provides Up to 2 Additional Events?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Guest Host	Greets Members and Visitors?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Introduces Visitors to Membership?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Meetings

Is the meeting upbeat and energetic? Yes No

Are Members standing when they speak? Yes No

Is the first 15 minutes being used for Open Networking? Yes No

Are Referrals & Testimonials being given? (no "I don't have's") Yes No

Area Director Report

- | | | |
|--|------------------------------|-----------------------------|
| Introduced new Policies or Procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Addressed any communication issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any Leadership or Support changes communicated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any Membership issues? (denials, absences, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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Post Leadership Meeting

Discuss the following with Leadership Team:

- | | | |
|---|------------------------------|-----------------------------|
| How can we assist you to support your Chapter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there anything specific you need from GBN to grow your Chapter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any suggestions on how to improve GBN? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments

Area Director Notes & Takeaways:

Positives:

Areas of Improvement:

Remarks:

Area Director: _____ Date Submitted to Executive/Regional Director: _____