

2019-2020 State FFA Officer Chapter Visit Report and Evaluation

State Officer's Name _____ Date: _____

Chapter _____ Time Arrived: _____ Time Departed: _____

1. Classes and Grade Levels Presented to: _____

2. Any materials needed, questions or concerns from the chapter? Please use back of form if more space needed.

3. Was communication with advisor to arrange chapter visit adequate prior to the event? Yes No

If No, please comment _____

4. Did the state officer follow requests the advisor provided prior to the chapter visit? Yes No

If No, please comment _____

5. Did the state officer arrive on time for the chapter visit? Yes No

If No, please comment _____

6. Did the state officer visit with administration, guidance counselors, alumni, parents, others? Yes No

Was the visit effective? Yes No

If No, please comment _____

7. Did the state officer visit with your chapter officer team? Yes No Was the visit effective? Yes No

If No, please comment _____

8. Please rate the officer on the following items. 10=Excellent 9 8 7 6 5 4 3 2 1=Poor

•Preparation for the chapter visit _____

•Chapter visit overall content _____

•Chapter visit overall delivery _____

•Interaction with students/teachers/others _____

9. Strong Points about the chapter visit _____

10. Recommendations for improvement _____

11. Additional comments _____

Chapter Advisor _____ State Officer _____
Signature Signature