

District Deputy Evaluation of an Institute		
District Deputy:		District #
Institute Name:		Institute #
Date of Visit:	Date Federal 990 filed:	Date California State 199 filed:
Was there a delegate to Grand Institute?		Was she present?
Number of members in attendance:		
Name of Institute Deputy:		
Were all the officers present?		
Recording Secretary books:	Yes	No
Roll recorded		
Minutes signed by President		
Minutes signed by Recording Secretary		
Financial Secretary books:	Yes	No
Receipts recorded on night of meeting		
Ledger pages are up to date		
Treasurer books:	Yes	No
Receipts recorded		
Disbursements recorded		
Close out at the end of quarter		
Date of Last Fund Raiser:		
Number of Suspensions:		
Number of resignations:		
Number of new members:		
Date of last initiation:		
Should the Grand President be informed as to the condition of this Institute?		
Would you like for this Institute to get help from the Support Committee?		
Additional comments:		
If additional comment space is needed, please use the back of this form.		
When completed, please send to the Grand President		