District Deputy
Evaluation of an Institute

District Deputy:	District #
Institute Name:	Institute #

Date of Visit:	Date Federal 990 filed:	Date 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 Guidance Team?

Additional comments:

If additional comment space is needed, please use the back of this form.

When completed, please send to the Grand President