

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 Signature:

State Officer Signature: