

## Council Health Assessment

Date of Report:	State / Province:	District Number:
Council Number:	City/Town	
<ol> <li>Has the council submitted</li> <li>Does the council enjoy en</li> <li>Are meetings well attend</li> <li>Are meetings kept to 75 in</li> </ol>	othusiastic pastor support?	YES         NO           YES         NO           YES         NO           YES         NO           YES         NO
<ol> <li>Does the council host pro</li> <li>Are flyers and publicity of</li> <li>Is the council conducting</li> <li>Does the Retention Direct</li> <li>Has the council adopted of</li> <li>Is the Star Council Award</li> <li>Did the council reach its</li> <li>Does the field agent get to</li> <li>Does the council particip</li> <li>Is the FS keeping member</li> </ol>	on tables during activities?  an effective membership recruitment tor communicate with delinquent methe Faith in Action model?  d being used as a guidepost for succemembership quota last year?  ime to speak when he attends council	TYES NO  It campaign?  YES NO  WHES NO  WHES NO  YES NO
Level 1 Good Health (1-3 NO): Divided Level 2 At Risk (4-7 NO): DD to relate the Level 3 Critical (8-11 NO): DD not be Level 4 Grave (12+ NO): DD not be seen as the Level 4 Grave (12+ NO): DD not be seen as	D to meet with GK and discuss strategies neet with GK, Chaplain, FS and trustees tifies State Deputy requesting coordinat	es for addressing weaknesses to develop corrective action plan ted onsite intervention Chairman to evaluate council viability options
District Deputy Comments:		
Name: Send copy to: State Deputy	Email:  Telephone:	
State Council Ret	ention Chair	