

Appendix J1 (Optional)

Evaluation Form for Coordinating Committees and Education

Activity Number: _____

Title: _____

Administrative Advisor: _____

Proposed Termination Date: _____

Reviewed by: Regional Association _____ Administrator Advisor _____

1. Goals and objectives clearly stated and appropriate to committee activity(s).

_____ 1 Excellent _____ 2 Good _____ 3 Fair _____ 4 Needs Improvement

2. There is a good potential to attain the objectives and plan identified in the activity.

_____ 1 Excellent _____ 2 Good _____ 3 Fair _____ 4 Needs Improvement

3. Activity addresses priority research and is not duplicative with existing activities.

_____ 1 Excellent _____ 2 Good _____ 3 Fair _____ 4 Needs Improvement

4. Activity has moved beyond individual activity(s) and ideas to a collective, interdependent activity.

_____ 1 Excellent _____ 2 Good _____ 3 Fair _____ 4 Needs Improvement

Recommendation:

_____ Approve/continue with normal revision.

_____ Approve/continue with revision (provide specific recommendations).

_____ Disapprove/terminate at termination time (provide specific reasons).

Signature:

(Determined by regional associations) Date