TIFA CHAPTER CHAIR EVALUATION FORM

PART A: COMPLETED BY DIRECTOR

Name:		<u></u>				
Chapter:						
Period of Evaluati	ion:					
Director:						
Rating scale:		4 = very good 5 = superior N/A = not applicable				
1. PROFESSION	ALISM					
Understan	ds purposes and goals of TIFA	ı.				
Relates we	ell with public.					
Exhibits po	Exhibits poise in handling difficult situations.					
Exhibits sir	ncere interest and enthusiasm	towards TIFA members and work.				
Comments:						
2. RESPONSIBII						
Reliable about schedule and time commitment.						
Completes	Completes assignments in a timely fashion.					
Ensures chapter reports are submitted them in a timely fashion.						
Pays attention to detail when necessary.						
Willing to take on assignments.						
Communicates effectively with chapter members and Regional Director.						
Comments:						

3. EFFECTIVENESS Welcomes opportunities to learn information or procedures that will make work more effective. _____ Follows through on assignments. ____ Willing to ask questions when in doubt. Uncovers and communicates all pertinent facts. Comments: Benefits to TIFA from this volunteer's skills, experience and knowledge are:_____ Additional Comments:_____ Signature of Director:_____ Date:_____ Signature of Chapter Chair:_____ Date:_____

TIFA CHAPTER CHAIR EVALUATION FORM

PART B: COMPLETED BY CHAPTER CHAIR

Name:				
Chapter:				
Period of Evaluat	ion:			
Director:				
Rating scale:	1 = needs improvement 2 = fair 3 = good	4 = very good 5 = superior N/A = not applicable		
1. ORIENTATION	N AND TRAINING			
The goals	and purposes of TIFA were cle	early explained.		
The job de	escription for your position was	reviewed and procedures to be followed were explained.		
Training w	vas effective and provided the to	pols needed to perform the assigned tasks.		
Comments:				
2. LEADERSHIP				
Regional Director was available to you when you had questions or needed information.				
Regional Director's attitude was one of professional regard.				
Organization structure and lines of communication are clear.				
Comments:				

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

What other training or growth opportunities would you like to see offered?			
What additional "tools" would make your work more effective an	nd/or pleasant?		
What are some suggestions or goals you would offer for TIFA?			
What are some suggestions or goals you would offer for TIFA?			
How could TIFA improve its volunteer - staff structure and/or rel	lationships?		
Additional Comments:			
Signature of Chapter Chair:	Data		
Signature of Chapter Chair: Signature of Director:	Date: Date:		