

ST. CLAIR HIGH STUDENT COUNCIL

COMMITTEE CHAIRPERSON EVALUATION FORM

Project Name: _____

Committee Chairperson's Name: _____

Did your chairperson ...

attend all the meetings for your committee? **YES NO Don't know because I didn't**

attend this entire event, including set up and clean up? **YES NO Don't know because I didn't**

clearly explain the goal(s) and purpose of your committee **YES NO**

give at least three days notice for committee meetings? **YES NO Does not apply**

have an agenda or clearly state the purpose of each meeting? **YES NO**

come to the meeting organized and make good use of the time you had to meet? **YES NO**

assign a recorder to take, attendance and notes for all committee meetings? **YES NO**

assign tasks and deadlines for the project to each committee member? **YES NO**

distribute the work for the committee equally? **YES NO**

clearly explain what you needed to do for the project? **YES NO**

provide or direct you to the resources necessary to complete tasks? **YES NO**

communicate with your group clearly, did you feel well informed about this project? **YES NO**

stay open to your feedback and input? **YES NO**

take too much control, just right, or not enough control? **TOO MUCH ABOUT RIGHT NOT ENOUGH**

Do you feel you can approach your committee chairperson and talk to them? **YES NO**

What did your chairperson do well? _____

What could your chairperson improve upon? _____

Member's Signature: _____