

**CHAPTER EDUCATIONAL REPORT FORM**

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| Chapter Name and Number: | State: |
| City: | Meeting/Presentation Date: |
| Yearly Theme: |  |
| Topic of this Program: |  |

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| METHOD OF PRESENTATION (Check all that apply): | |
|  | Member’s Oral Report (name): |
|  | Guest Speaker (who/title): |
|  | Visual Aid Program (kind and type): |
|  | Field Trip (where): |
|  | Reference Listing (book or magazine): |
|  | Other (explain – internet, pamphlets, etc.): |

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| SUMMARY: (Briefly summarize the program and attach a more complete narrative or outline stating all major points emphasized so the program can be fully understood) |
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| COMMENTS BY THE EDUCATIONAL CHAIR: (Value to chapter/community, general comments about the presentation and chapter discussion) |
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|  | PLEASE SEND TO: |
| CHAPTER EDUCATIONAL CHAIR: | STATE EDUCATIONAL CHAIR: |
|  | [Peggie.ok.esa@gmail.com](mailto:Peggie.ok.esa@gmail.com) |
| Name: | Name: Peggie Sprinkle |
| Address: | Address: 8201 E Norman St |
| City: | City: Broken Arrow |
| State and Zip Code: | State and Zip Code: OK 73013 |