



Council Health Assessment

Date of Report: _____ State / Province: _____ District Number: _____

Council Number: _____ City/Town _____

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|--|------------|-----------|
| 1. Has the council submitted forms #185, #365, #1295? | YES | NO |
| 2. Does the council enjoy enthusiastic pastor support? | YES | NO |
| 3. Are meetings well attended? | YES | NO |
| 4. Are meetings kept to 75 minutes? | YES | NO |
| 5. Does the council host programs that entice all members to participate? | YES | NO |
| 6. Are flyers and publicity on tables during activities? | YES | NO |
| 7. Is the council conducting an effective membership recruitment campaign? | YES | NO |
| 8. Does the Retention Director communicate with delinquent members? | YES | NO |
| 9. Has the council adopted the Faith in Action model? | YES | NO |
| 10. Is the Star Council Award being used as a guidepost for success? | YES | NO |
| 11. Did the council reach its membership quota last year? | YES | NO |
| 12. Does the field agent get time to speak when he attends council meetings? | YES | NO |
| 13. Does the council participate in the state convention? | YES | NO |
| 14. Is the FS keeping member records current with up to date information? | YES | NO |
| 15. Is the council current with all assessments due to Supreme and State Councils? | YES | NO |

Level 1 Good Health (1-3 NO): DD to meet with GK and discuss strategies for addressing weaknesses

Level 2 At Risk (4-7 NO): DD to meet with GK, Chaplain, FS and trustees to develop corrective action plan

***Level 3 Critical (8-11 NO):** DD notifies State Deputy requesting coordinated onsite intervention

***Level 4 Grave (12+ NO):** DD notifies State Deputy & Council Retention Chairman to evaluate council viability options

*Levels 3 and 4 - Email completed form to councilreactivation@kofc.org

District Deputy Comments:

Name: _____

Email: _____

Send copy to: State Deputy
State Council Retention Chair

Telephone: _____