

OHIO EDUCATIONAL REPORT FORM

Chapter Name & Number:
City: Meeting Date:
Yearly Theme:
Topic of this Program:
Method of Presentation: (Check the one that applies) Member's oral report (name) Visual aid Program (kind & type) Guest Speaker Field Trip (where to)
Other (explain)
Summary: (briefly summarize the program stating all major points emphasize)
Evaluation: Number of members in attendance
By the membership: excellent good fair
Comments by the Educational Director:
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Mail to: OSC Educational Director Submitted by: