



Area Director Club Visit Report

CLUB NO.	VISIT DATE	AREA	DIVISION	DISTRICT
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Area Director Club Visit Reports are submitted online through District Central. The PDF version is intended as a tool to capture notes during a club visit.

Club visits are opportunities for the District, through the Area Director, to support clubs and improve club quality. The Area Director's Club Visit Report guides Area Directors in evaluating club quality during these visits by assessing the club at each of the ***Moments of Truth*** (Item 290). Area Directors identify opportunities for improvement and specify the support that clubs need from the District, helping clubs retain and build membership through positive member experiences. This important contribution on the part of Area Directors helps clubs earn Distinguished recognition.



Meeting Observation

Moment of Truth

The following section will allow you to rate how well the club applied the principles defined under the Moments of Truth.

- ▶ This assessment will encompass the following categories:
 - First Impressions.
 - Membership Orientation.
 - Fellowship, Variety, and Communication.
 - Program Planning and Meeting Organization.
 - Membership Strength.
 - Achievement Recognition.



How well did the club exemplify the qualities of First Impressions?

Rate on a scale of 1-5 (if below 3, please explain).

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What suggestions do you have to help the club improve?



Were elements of Membership Orientation present during the meeting? ☐ Yes ☐ No

How well did the club apply these qualities?

Rate on a scale of 1-5 (if below 3, please explain).

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note suggestions for the club, if any.



How well did the club apply the qualities of Fellowship, Variety, and Communication?

Rate on a scale of 1-5 (if below 3, please explain).

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note suggestions for the club, if any.



How well did the club apply the qualities of Program Planning and Meeting Organization?

Rate on a scale of 1-5 (if below 3, please explain).

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note suggestions for the club, if any.



How well did the club apply the qualities of Membership Strength?

Rate on a scale of 1-5 (if below 3, please explain).

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note suggestions for the club, if any.



How well did the club apply the qualities of Achievement Recognition?

Rate on a scale of 1-5 (if below 3, please explain).

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note suggestions for the club, if any.

Club Experience



Overview

This section you're about to complete will allow you to provide feedback on the overall Club Experience.



How well did the club adhere to its meeting agenda, including the start and end times specified for the meeting?

Rate on a scale of 1-5 (if below 3, please explain).

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note suggestions for the club, if any.



Is the club's meeting information on "Find a Club" out-of-date? ☐ Yes ☐ No

If yes, did you express the importance of having their meeting information up to date? ☐ Yes ☐ No

Please note suggestions for the club, if any.



Overall, how would you rate this club meeting?

Rate on a scale of 1-5 (if below 3, please explain).

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note suggestions for the club, if any.

Club Support



Overview

The section you're about to complete will allow you to provide feedback on the support needed to improve the overall quality of the club.

► Before completing this section, please review the following:

- Club Success Plan.
- Distinguished Club Program Status.



How well has the club defined and adhered to the educational goals of its Club Success Plan?

Rate on a scale of 1-5 (if below 3, please explain).

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note suggestions for the club, if any.



How well has the club defined and adhered to the membership goals of its Club Success Plan?

Rate on a scale of 1-5 (if below 3, please explain).

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note suggestions for the club, if any.



How well has the club defined and adhered to the training goals of its Club Success Plan?

Rate on a scale of 1-5 (if below 3, please explain).

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note suggestions for the club, if any.



How well has the club defined and adhered to the administration goals of its Club Success Plan?

Rate on a scale of 1-5 (if below 3, please explain).

1

☐

2

☐

3

☐

4

☐

5

☐

Please note suggestions for the club, if any.



Are there any additional goals which have been set by the club? ☐ Yes ☐ No

What are these goals?



What are the club's top goals or milestones to achieve during the next six months, or before the next Area Director club visit?

Please note suggestions for the club, if any.



Does the club have any events planned? ☐ Yes ☐ No

Please select all event types currently planned by the club.

☐ Open House

Event Name

Event Date (mm/dd/yyyy)

☐ Speechcraft

Event Name

Event Date (mm/dd/yyyy)

☐ Speakathon

Event Name

Event Date (mm/dd/yyyy)

☐ Other Event

Event Name

Event Date (mm/dd/yyyy)



Are there any members interested in serving as future club officers of District leaders? ☐ Yes ☐ No

Please specify the names and positions of those interested.

First Name Last Name

Position

First Name Last Name

Position

First Name Last Name

Position

First Name Last Name

Position

Additional names (if applicable)

Position



Please list any specific challenges or areas of additional support that the club needs from the District or Area Director which have not already been stated.