

## Lambda State Visitor's Report of Chapter Visit

Visitor's Name \_\_\_\_\_ Chapter \_\_\_\_\_ # \_\_\_\_\_  
Date of Visit \_\_\_\_\_ Place \_\_\_\_\_  
Program (if applicable) \_\_\_\_\_ Yearbook Current ( \_\_\_\_ Yes/No)  
Attendance \_\_\_\_\_ Number of Chapter Members \_\_\_\_\_

### ***Lambda State Strategic Action Plan for Renewal***

#### **Area I: Membership**

Membership Successes:

Chapter questions/concerns:

Suggestions:

#### **Area II: Communications and Publicity**

Communications and Publicity Successes:

Chapter questions/concerns:

Suggestions:

#### **Area III: Educational Excellence**

Educational Excellence Successes:

Chapter questions/concerns:

Suggestions:

#### **Area IV: Resource Development**

Resource Development Successes:

Chapter questions/concerns:

Suggestions:

Committees reporting at meeting (list):

Specific information requests sent to visitor prior to visit (list):

Information shared by visitor during visit:

Send to: State President, State Visitation Chair, Chapter President, State Visitor's File  
*Visitor: Prior to distributing this report to the State President, State Visitation Chair and State Visitor's File, please attach a copy of the Chapter Goals/Focus Related to the Lambda State Strategic Action Plan for Renewal checklist that was completed by the chapter.*