

Annual Unit Health Review Form

Council _____ District _____

Unit Type and Number _____ Date of this Review _____

Reviewed By DE _____ Commisioner _____

Key Unit Contact _____ Phone _____

Email _____

Recharter Date _____ Number of Adults ____ Youth ____

Quality Unit Item's Missed (list numbers _____)

Based on the year _____, this Unit's Overall Health is rated as:

(Circle One)

Good

Fair

Poor

No Longer Functioning

If Poor, or below, list the next 6 months plan of action:

Action Item

To be done by _____

By Date

1. _____

2. _____

3. _____

4. _____

5. _____

Six Month Review Held On (Date) _____ by _____

Six Month Results of Action Plan _____

Follow up Plan _____

(Use additional pages if necessary)

Submit Original to the Council Registrar, one copy each to: Area Director, Council Commissioner, and District Commissioner.

District Chairman

District Commissioner