

**Missouri State Council EDUCATIONAL REPORT FORM
2019-2020**

[SUBMIT A FORM FOR EACH EDUCATIONAL PRESENTATION]

Chapter Name and Number:

City: _____ **State:** _____

Yearly Theme:

Date and Topic of this Program:

METHOD OF PRESENTATION [Check all that apply]

- _____ Member's Oral Report [name]
- _____ Guest Speaker [name / title]
- _____ Visual Aid Program [kind / type]
- _____ Field Trip [where]
- _____ Reference Listing [book or magazine]
- _____ Other [explain – internet, pamphlets, etc]

SUMMARY: *[Briefly summarize the program and attach a more complete narrative or outline stating all major points emphasized so the program can be fully understood]*

COMMENTS BY THE EDUCATIONAL CHAIR: *[Value to chapter / community, general comments about the presentation and chapter discussion]*

Chapter Educational Chair: Please send reports to State Educational Chair: Name:

_____ Address: _____

City: _____ State: _____ Zip Code: _____

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**FORMS MUST BE POSTMARKED TO STATE EDUCATION CHAIR BY
FEBRUARY 29, 2020**