

**Missouri State Council
EDUCATIONAL REPORT FORM**

[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: Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	Please send reports to State Educational Chair: Kathie Hake 11200 E. 76 th Street Raytown, MO 64138 C – 816-304-6695 Klhake@gmail.com
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FORMS MUST BE POSTMARKED TO STATE EDUCATION CHAIR BY FEBRUARY 28, 2019