

**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:**

Diane Goald  
605 Fremont  
Wathena, KS 66090

**FORMS MUST BE POSTMARKED TO STATE EDUCATION CHAIR BY FEBRUARY 28, 2025**