



# Council Health Assessment

Date of Report: \_\_\_\_\_ State / Province: \_\_\_\_\_ District Number: \_\_\_\_\_

Council Number: \_\_\_\_\_ City/Town \_\_\_\_\_

- |  |            |           |
|--|------------|-----------|
| 1. Has the council submitted forms #185, #365, #1295?                              | <b>YES</b> | <b>NO</b> |
| 2. Does the council enjoy enthusiastic pastor support?                             | <b>YES</b> | <b>NO</b> |
| 3. Are meetings well attended?   | <b>YES</b> | <b>NO</b> |
| 4. Are meetings kept to 75 minutes?  | <b>YES</b> | <b>NO</b> |
| 5. Does the council host programs that entice all members to participate?          | <b>YES</b> | <b>NO</b> |
| 6. Are flyers and publicity on tables during activities?                           | <b>YES</b> | <b>NO</b> |
| 7. Is the council conducting an effective membership recruitment campaign?         | <b>YES</b> | <b>NO</b> |
| 8. Does the Retention Director communicate with delinquent members?                | <b>YES</b> | <b>NO</b> |
| 9. Has the council adopted the Faith in Action model?                              | <b>YES</b> | <b>NO</b> |
| 10. Is the Star Council Award being used as a guidepost for success?               | <b>YES</b> | <b>NO</b> |
| 11. Did the council reach its membership quota last year?                          | <b>YES</b> | <b>NO</b> |
| 12. Does the field agent get time to speak when he attends council meetings?       | <b>YES</b> | <b>NO</b> |
| 13. Does the council participate in the state convention?                          | <b>YES</b> | <b>NO</b> |
| 14. Is the FS keeping member records current with up to date information?          | <b>YES</b> | <b>NO</b> |
| 15. Is the council current with all assessments due to Supreme and State Councils? | <b>YES</b> | <b>NO</b> |

**Level 1 Good Health (1-3 NO):** DD to meet with GK and discuss strategies for addressing weaknesses

**Level 2 At Risk (4-7 NO):** DD to meet with GK, Chaplain, FS and trustees to develop corrective action plan

**\*Level 3 Critical (8-11 NO):** DD notifies State Deputy requesting coordinated onsite intervention

**\*Level 4 Grave (12+ NO):** DD notifies State Deputy & Council Retention Chairman to evaluate council viability options

\*Levels 3 and 4 - Email completed form to [councilreactivationprogram@kofc.org](mailto:councilreactivationprogram@kofc.org)

District Deputy Comments:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Send copy to: State Deputy  
State Council Retention Chair

Telephone: \_\_\_\_\_