



District Assessment Worksheet

Region Advisor: _____ Date: _____

Region: _____ District: _____

DG Contact Information:

Name: _____ Phone: _____

Email: _____

LGET Contact Information:

Name: _____ Phone: _____

Email: _____

LGM Contact Information:

Name: _____ Phone: _____

Email: _____

Overview of district performance (please see the DPR Summary at www.toastmasters.org/dpr):

Is the district currently on track toward achieving its goals for:

Membership?	Yes	No	Goal: _____	YTD: _____	+/- _____
Clubs?	Yes	No	Goal: _____	YTD: _____	+/- _____
CC Awards?	Yes	No	Goal: _____	YTD: _____	+/- _____
AC Awards?	Yes	No	Goal: _____	YTD: _____	+/- _____
Distinguished Areas?	Yes	No	Goal: _____	YTD: _____	+/- _____
Distinguished Clubs?	Yes	No	Goal: _____	YTD: _____	+/- _____



District Assessment Worksheet

Overview of Distinguished Club Program (please see the DPR Detail at www.toastmasters.org/dprdetail):

Sample of high-performing clubs:

Club Number: _____

Club Name: _____

Current Membership: _____

CC Awards Obtained: _____

AC Awards Obtained: _____

Club Number: _____

Club Name: _____

Current Membership: _____

CC Awards Obtained: _____

AC Awards Obtained: _____

Club Number: _____

Club Name: _____

Current Membership: _____

CC Awards Obtained: _____

AC Awards Obtained: _____

Sample of low-performing clubs:

Club Number: _____

Club Name: _____

Current Membership: _____

CC Awards Needed: _____

AC Awards Needed: _____

Club Number: _____

Club Name: _____

Current Membership: _____

CC Awards Needed: _____

AC Awards Needed: _____

Club Number: _____

Club Name: _____

Current Membership: _____

CC Awards Needed: _____

AC Awards Needed: _____

Notes:
