

Semi - Annual Unit Health Review Form

Council: East Carolina Council District: Croatan Trails

Unit Type and Number \_\_\_\_\_ Date of this Review \_\_\_\_\_

Reviewed by DE \_\_\_\_\_ Commissioner \_\_\_\_\_

Key Unit Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Re-charter date \_\_\_\_\_ Number of Adults \_\_\_\_ Youth \_\_\_\_

Quality Unit Item's Missed (list numbers) \_\_\_\_\_

Based on the year \_\_\_\_\_, this Unit's Overall Health is rated as:

(Check One)

*Good*      *Fair*      *Poor*      *No Longer Functioning*

If Poor, or below, list the next 6 months plan of action:

<u>Action Item</u>	<u>To be done by</u>	<u>By Date</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Six-month review held on (date) \_\_\_\_\_ by \_\_\_\_\_

Six-month results of Action Plan \_\_\_\_\_

Follow-up plan \_\_\_\_\_

**(Use additional pages if necessary)**

*Submit Original to the Council Registrar, one copy each to: Area Director, Council Commissioner, and District Commissioner.*