

EVALUATION OF FIELD STAFF BY CHAPTER OFFICERS

My **AREA CAPTAIN**
is: _____
My **COORDINATOR**
is _____

circle in **red**
circle **black**

How effectively do you think we serve your needs?

Your honest opinion is extremely important to help us do a better job in being there for you.

(Please (circle) your response)

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR
1. Knows TOPS and KOPS Rules	VG	G	A	P	VP
2. Is easy to talk with about chapter problems	VG	G	A	P	VP
3. Answers questions promptly and clearly	VG	G	A	P	VP
4. Respects confidences	VG	G	A	P	VP
5. Treats all chapters fairly and equally	VG	G	A	P	VP
6. Decisions are based on TOPS and KOPS Rules....	VG	G	A	P P	VP
7 Is willing to help our chapter when called upon	VG	G	A		VP
8 Does not boss us around; leads us	VG	G	A	P	VP
9. Is a TOPS member, first and foremost	VG	G	A	P	VP
10. Admits mistakes and corrects errors	VG	G	A	P	VP
11. Takes time to reply promptly when asked for advice	VG	G	A	P P	VP
12. Is honest and truthful	VG	G	A		VP
13 Is friendly and approachable	VG	G	A	P	VP
14 Explains infractions of a TOPS or KOPS Rule	VG	G	A	P	VP
15 Gets along well with fellow TOPS members .	VG	G	A	P	VP
16. At workshops and other meetings, is well prepared	VG	G	A	P P	VP
17. Makes workshops interesting as well as informative	VG	G	A	P	VP
18. Help to insure that members get credit for losses:	VG	G	A		VP
19. If uncertain, seeks advice and gets back to me ..	VG	G	A	P	VP

When did field staff last visit your chapter? _____

Do you have additional comments or suggestions for your Area Captain? _____

Do you have comments or suggestions for your Coordinator? _____

Thank you for taking the time to help us serve you better. We need to know the areas in which we can improve our service to you as well as those we are doing well. With your help, we know TOPS shall flourish and be there for all people needing weight loss support.

Please, return this form to our **REGIONAL DIRECTOR** whose address is:
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570 Jefferson Drive
Palmyra, VA 22963
E:mail: rdjh344@aol.com Phone: 434-589-2881