

Annual Unit Health Review Form

Council \_\_\_\_\_ District \_\_\_\_\_

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

Reviewed By DE \_\_\_\_\_ Commisioner \_\_\_\_\_

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

Email \_\_\_\_\_

Recharter Date \_\_\_\_\_ Number of Adults \_\_\_\_ Youth \_\_\_\_

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

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

(Circle One)

*Good*

*Fair*

*Poor*

*No Longer Functioning*

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

**Action Item**

**To be done by**

**By Date**

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.*