

Appendix J
(Optional)

**Evaluation Form for
New Coordinating Committees and
Education/Extension and Research Activities**

Activity Number: _____

Title: _____

Administrative Advisor: _____

Proposed Termination Date: _____

Reviewed by: Regional Association _____ **Administrator Advisor**

1 Goals and objectives clearly stated and appropriate to committee activity(s).

_____ 1 Excellent _____ 2 Good _____ 3 Fair _____ 4 Needs Improvement

2. There is a good potential to attain the objectives and plan identified in the activity.

_____ 1 Excellent _____ 2 Good _____ 3 Fair _____ 4 Needs Improvement

3. Activity addresses priority research and is not duplicative with existing activities.

_____ 1 Excellent _____ 2 Good _____ 3 Fair _____ 4 Needs Improvement

4. Activity has moved beyond individual activity(s) and ideas to a collective, interdependent activity.

_____ 1 Excellent _____ 2 Good _____ 3 Fair _____ 4 Needs Improvement

Recommendation:

- _____ Approve/continue with normal revision.
- _____ Approve/continue with revision (provide specific recommendations). Disapprove/terminate at termination time (provide specific reasons).
- _____ Disapprove/terminate at termination time (provide specific reasons).

Signature:

(Determined by regional associations) Date