



Please complete THE PRESIDENT'S REPRESENTATIVE FEEDBACK FORM available via the Member Access Portal (MAP). All data is being collected this way. Use this form only if you are UNABLE to report via MAP

**REPORT OF THE
PRESIDENT'S REPRESENTATIVE TO THE PRESIDENT
OF ROTARY INTERNATIONAL**

PRESIDENT'S REPRESENTATIVE- NAME: _____

CITY/STATE/PROVINCE: _____

COUNTRY: _____

START DATE: _____

END DATE: _____

IMPORTANT INSTRUCTIONS:

**PLEASE FORWARD ALL REPORTS TO:
The Office of the President
Rotary International
One Rotary Center
1560 Sherman Avenue
Evanston, IL 60201-3698, USA**

Part 1 of 4: General Conference Information

Please respond to the following questions about the conference you attended.

1. How long was the conference program, including plenary and breakout sessions, meal events, and any other organized activities? (in hours) Please circle the answer below.

00-08 08-16 16-24 24+

2. How much program time was devoted to Rotary (RI and TRF) topics? (in hours) Please circle the answer below.

0-3 3-6 6-9 9+

3. How many Rotarians and guests were in attendance? Please circle the answer below.

00-50 51-100 101-200 201-300 301-400 401-500 + 500

4. Did the conference include a district leadership seminar for interested Rotarians who have served either as club president or for three or more years in a club leadership role. Please circle the answer below.

Yes No

5. If a seminar was held for club leadership roles, how long was the seminar? (in days). Please circle below.

0.5 1.5 1+

6. Were you given the opportunity to attend a local Rotary club in conjunction with your district conference assignment? Please circle the answer below.

Yes No

7. Did you attend a local Rotary club meeting? Please circle the answer below.

Yes No

8. Were you given an opportunity to visit a local Rotary club service project in conjunction with your district conference assignment? Please circle the answer below.

Yes **No**

9. Did you attend a club service project? Please circle the answer below.

Yes **No**

10. Were you given the opportunity to make two primary addresses to the conference? Please circle the answer below. (If no, skip to question 14).

Yes **No**

11. If given the opportunity to make two addresses, please circle the answer below, if this included a major address of 20-25 minutes in a fully seated plenary session.

Yes **No**

12. Please list the topic of the address:

13. How many *minutes* was your second address: Please circle your answer below.

00-05 **05-10** **10-15** **15-20** **20+**

14. Were you given the opportunity to present remarks of appreciation to the host district at the end of the conference? Please circle your answer below.

Yes **No**



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**REPORT OF THE
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PART 2 OF 4: CONFERENCE PROGRAM SECTION

PRESIDENT' REPRESENTATIVE- NAME: _____

CITY/STATE/PROVINCE: _____

COUNTRY: _____

START DATE: _____

END DATE: _____

CONFERENCE PROGRAM SECTION

Please answer the following questions about the conference program.

15. Did the conference program offer general plenary sessions? Please circle the answer below. *(If no, skip to question 17).*

Yes No

16. If the conference offered plenary session, what percentage of the programming was offered in general plenary sessions? Please circle the percentage below.

0-25% 26-50% 51-75% 76-100%

17. Did the conference offer discussion groups or breakout sessions? Please circle the answer below. *(If no, skip to question 19).*

Yes No

18. What percentage of the program was offered in discussion groups? Please circle the answer below.

0-25% 26-50% 51-75% 76-100%

For questions 19-22 below please indicate if the program included a specific welcome to or recognition of the following:

19. New Rotarians. Please circle the answer below.

Yes No

20. First time conference attendees. Please circle the answer below.

Yes No

21. Rotaract Club members. Please circle the answer below.

Yes No

22. TRF program participants or alumni. Please circle the answer below.

Yes No

For questions 23-31 please indicate whether the conference did the following:

23. Emphasized the need for Rotary membership growth and retention and chartering new clubs. Please circle the answer below.

Yes **No**

24. Showcase successful club activities. Please circle the answer below.

Yes **No**

25. Showcase successful district activities. Please circle the answer below.

Yes **No**

26. Encouraged interaction among clubs. Please circle the answer below.

Yes **No**

27. Actively promoted the next conference. Please circle the answer below.

Yes **No**

28. Promoted the upcoming Rotary International Convention. Please circle the answer below.

Yes **No**

29. Conducted a well-planned public relations effort. Please circle the answer below.

Yes **No**

30. Involved the non-Rotarian community. Please circle the answer below.

Yes **No**

31. Offered a special orientation event for new Rotarians. Please circle the answer below.

Yes **No**



**REPORT OF THE
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PART 3 OF 4: GENERAL CONFERENCE EVALUATION

PRESIDENT' REPRESENTATIVE- NAME: _____

CITY/STATE/PROVINCE: _____

COUNTRY: _____

START DATE: _____

END DATE: _____

Conference Evaluation: For questions 32 -37 use the following scale to rate the conference's effectiveness in the following areas:

1= Excellent 2= Good 3= Fair 4= Weak

32. Promoting Rotary Service. Please circle the answer below.

1 2 3 4

33. Fellowship. Please circle the answer below.

1 2 3 4

34. Growth. Please circle the answer below.

1 2 3 4

35. Information. Please circle the answer below.

1 2 3 4

36. Motivation. Please circle the answer below.

1 2 3 4

37. If you rated any of the above areas as Weak (4), please share your thoughts on how this element could have been improved.

For question 38, use the following to rate the overall effectiveness of the conference.

1= Excellent 2= Good 3= Fair 4= Weak

38. Overall conference effectiveness. . Please circle the answer below.

1 2 3 4

39. If you rated the conference overall as Weak (4), please share your thoughts on how this conference could have been improved.



**REPORT OF THE
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Section 2

PART 4 OF 4: GOVERNOR EVALUATION

PRESIDENT' REPRESENTATIVE- NAME: _____

CITY/STATE/PROVINCE: _____

COUNTRY: _____

START DATE: _____

END DATE: _____

Governor Evaluation: For questions 40 - 44 please use the scale below to evaluate this governor's overall effectiveness in the following areas:

1= Excellent 2= Good 3= Fair 4= Weak

Your responses will remain confidential.

40. Public Speaking. . Please circle the answer below.

1 2 3 4

41. Facilitating discussions. Please circle the answer below.

1 2 3 4

42. Physical energy. Please circle the answer below.

1 2 3 4

43. Serving as presiding officer. Please circle the answer below.

1 2 3 4

44. Competence to serve above district level. Please circle the answer below.

1 2 3 4

Please list any past district governors who were involved in the conference and should be considered for future service in RI:

45. Name:

46. Year served as Governor

47. Name:

48. Year served as Governor

49. Name:

50. Year served as Governor

51. Name:

52. Year served as Governor

PRESIDENT'S REPRESENTATIVE (signature) _____

Date