



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS
DELTA KAPPA GAMMA™

**New York State Visitation Report (2019-2021)
for Chapters & State Representatives**

State Representative: _____

Date of Visit: _____

Meeting of: _____

Location: _____

1. In general, the visit was (CIRCLE ONE): Excellent, Good, Fair, or Poor

a. Highlights:

b. Areas to be improved:

2. Program

a. Society aspects of the program (Board Meeting, Committee Reports, Ceremonies, music, etc.)

b. Other aspects of the program

3. Membership

a. Leaders (names)

b. Attendance and involvement of group

c. Courtesies to State Representative

4. Leadership Training topics which would benefit the group

5. Any additional comments you care to make

SUBMITTED BY:

_____ DATE: _____
Signature of Representative

Official Position: _____

State Representative: Please return completed Visitation Report (with the Expense Voucher and original receipts) as soon as possible after the visit to NY State President.

Chapters: Please return completed Visitation Report as soon as possible after the visit to NY State President.

Sue Kenoyer, NY State President (2019-2020)
254 Allen Road
Plattsburgh, NY 12901
suekenoyerdkg@gmail.com
518-420-3447