



NATIONAL STUTTERING ASSOCIATION
Adult Regional Quarterly Status Report

Please complete report and send it as an attachment to esherman@westutter.org
by the 20th day of the month

Name:

Date:

Region:

Quarter Ending Dates (Choose One)

Mar 31

June 30

Sept 30

Dec 31

1. How many NEW chapters have been created in your region this period?
List the new chapters by name.
2. Indicate the number of active chapters in your region and the percentage of chapter leaders that turn in quarterly reports.
(i.e., 10 chapters, 70% reporting)
3. Indicate the number of adult workshops offered in your region this period.
4. How many NEW people attended chapter meetings in your region this period?
5. What percentage of your CL 's attended the annual conference?
(September report only)
6. What are your Regional goals/objectives for the next six months?
7. How can we improve our communication and service delivery to the adult chapter leaders?

8. Do you have any issues or concerns?

Note: Remember, to be considered for Chapter Leader of the Year and Chapter of the Year awards, you will need to submit a short paragraph (per nomination) in April supporting why you think this person and/or chapter are deserving of this recognition. This information will be used to create a ballot for voting.