

**SUNY – Plattsburgh  
Fraternity/Sorority Monthly Report**

***This report is due the first Monday of the month by 4 p.m. in the Center for Fraternity/Sorority Life. If the office is closed, please slide the report under the door.***

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Academic**

- I. My chapter has an Academic Plan. \_\_ yes \_\_ no  
If you checked "yes":
  - A. September/February: Please attach a copy of your chapter's academic plan.
- II. My chapter has a Scholarship/Academic Chairperson. \_\_ yes \_\_ no  
If you checked "yes":
  - A. September/February: Please attach a copy of your Scholarship/Academic Chairperson's job description.
- III. My chapter has a minimum GPA standard required to join our organization. \_\_ yes \_\_ no  
A. If you checked "yes", fill in your minimum GPA standard: \_\_\_\_\_
- IV. My chapter has a minimum academic standard to maintain active membership. \_\_ yes \_\_ no  
A. If you checked "yes", fill in your minimum GPA standard: \_\_\_\_\_
- V. My chapter has a minimum academic standard to maintain hold an executive office position. \_\_ yes \_\_ no  
A. If you checked "yes", fill in your minimum GPA standard: \_\_\_\_\_
- VI. My chapter has a Code of Conduct \_\_ yes \_\_ no  
If you checked "yes":
  - A. September/February: Please attach a copy of your Code of Conduct.

**New Member Education/Orientation**

- I. Our new member education program has started. \_\_ yes \_\_ no
  - A. If you checked "yes", did you turn in your program one month prior to beginning new member education? \_\_ yes \_\_ no  
If you checked "yes", did you turn in your membership acceptance forms? \_\_ yes \_\_ no  
If you checked "yes", fill in the number of new members: \_\_\_\_\_  
If you checked "yes", did your new members attend a meeting with the Director of Fraternity/Sorority Life? \_\_ yes \_\_ no  
If you checked "yes", did your chapter have a new member education consultation with the Director of Fraternity and Sorority Life? \_\_ yes \_\_ no  
If you checked "yes", how many members attended: \_\_\_\_\_  
If you checked "yes", please provide who was there, including when and where it was held:  
  
\_\_\_\_\_

- II. Did your chapter send letters to the parents of new members within two weeks of the beginning of the new member program? \_\_ yes \_\_ no
  - A. If you checked "yes", please attach copies
- III. Did your chapter hand in a recruitment plan within two weeks of the beginning of semester? \_\_ yes \_\_ no
  - A. If you checked "yes", please attach copies

**General Member Education**

- I. My chapter sponsored an educational program this month on a health or wellness issue. \_\_ yes \_\_ no
  - A. If you checked "yes", how many members attended: \_\_\_\_\_

If you checked "yes", please fill in the name, title and contact information of the presenter:

\_\_\_\_\_

If you checked "yes", please provide a brief description of the program, including when and where it was held:

\_\_\_\_\_

\_\_\_\_\_

**Campus and Community Involvement**

I. My chapter hosted a college service project this month.  yes  no

A. If you checked "yes", how many members attended: \_\_\_\_\_

If you checked "yes", please provide a brief description of the program, including when and where it was held:

\_\_\_\_\_

\_\_\_\_\_

II. My chapter participated in community service this month  yes  no

A. If you checked "yes", please attach a "Fraternity/Sorority Community Service Event Form" for each community service project completed.

III. My chapter participated in a function hosted by or co-sponsored an event with a non-fraternal organization this month.

yes  no

A. If you checked "yes", how many members attended: \_\_\_\_\_

If you checked "yes", please provide a brief description of the program, including when and where it was held:

\_\_\_\_\_

\_\_\_\_\_

IV. My chapter participated in Alternative Breaks  yes  no

A. If you checked "yes", how many members attended: \_\_\_\_\_

If you checked "yes", please provide a brief description of the program, including when and where it was held and who was there:

\_\_\_\_\_

\_\_\_\_\_

V. The following members of my organization are involved in other campus clubs and organizations (attach additional pages as needed):

Name	Phone	Club/Organization Name
------	-------	------------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fraternal Community Involvement**

I. 25% of you chapter attended another Greek event?  yes  no

A. If you checked "yes", list who was there, what event it was, and who it was sponsored by. \_\_\_\_\_

\_\_\_\_\_

II. 50% of you chapter attended a Week to Give?  yes  no

- A. If you checked "yes", list who was there. \_\_\_\_\_
- III. 50% of you chapter attended Greek Week?  yes  no  
 A. If you checked "yes", list who was there, what event it was. \_\_\_\_\_
- IV. 25% of you chapter attended a non-Greek event?  yes  no  
 A. If you checked "yes", list who was there, what event it was, and who it was sponsored by. \_\_\_\_\_
- V. IFC/ISA representatives attended 75% of all meetings?  yes  no  
 A. If you checked "yes", who are your representatives? \_\_\_\_\_
- VI. Attend President/Advisors Council each month??  yes  no
- VII. 75% of Training Day workshops attended?  yes  no  
 A. If you checked "yes", list who was there, what workshop it was. \_\_\_\_\_
- VIII. 75% of your chapters New Members attended the New Initiate Vales workshop?  yes  no  
 A. If you checked "yes", what new members attended? \_\_\_\_\_
- IX. My chapter participated in a non-alcoholic social event with another fraternity or sorority.  yes  no  
 A. If you checked "yes", how many members attended: \_\_\_\_\_  
 B. If you checked "yes", please provide a brief description of the event, including when and where it was held:  
 \_\_\_\_\_  
 \_\_\_\_\_
- X. My chapter co-hosted an education or philanthropy event with another fraternity or sorority.  yes  no  
 A. If you checked "yes", how many members attended: \_\_\_\_\_  
 B. If you checked "yes", please provide a brief description of the event, including when and where it was held:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Advising & Review**

- I. Chapter officers met with our faculty advisor this month.  yes  no  
 A. If you checked "yes", please summarize topics discussed and list officers present for the meeting:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 If you checked "yes", list the date, time and location of the meeting:  
 \_\_\_\_\_  
 Faculty Advisor's Signature: \_\_\_\_\_
- II. My chapter held a goal-setting session this month.  yes  no  
 A. If you checked "yes", please list the date, time and location of this session:  
 \_\_\_\_\_  
 1. Attach an outline of the goal-setting session.  
 2. Complete the attached Organizational Goal Setting Worksheet for each goal you developed.
- III. My house was inspected  yes  no  
 A. If you checked "yes", please list the date, time and location:  
 \_\_\_\_\_

1. Attach a letter from the building inspector.

**Pat on the Back**

I. I think my chapter deserves a pat on the back this month because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that this information included in this report is accurate to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Organizational Goal Setting Worksheet**

Critical Development Area: \_\_\_\_\_

Statement of Goal:

When will the goal be achieved?

Who will work on this?

What resources/materials/information do I need to accomplish this?

Who are good support people I can count on for help?

How will we know when we can celebrate its accomplishment?

*Adapted from materials developed by Npower for Sigma Sigma Sigma Sorority's 2003 Dunham Leadership Conference.*