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:

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: _______________________________

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**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.