Post/Club Contact	Details		
Jnit			
Date of Contact			
Contact Made By			
Participation			
YPT Current			
YPT Expired			
YPT Never Taken			
Training Data As Of			
Leaders Not Trained			
Leaders Trained			
Leaders Not Trained List			
YPT Status List			
Youth Enrolled in Unit			
Adults Enrolled In Unit			
Committee and Pla	anning		

Committee and	Planning:	Have an	active p	ost or	club	committee.

**Commissioner Comments** 

#### **Participants and Growth**

Participants and Growth Assessment Score

Open house: Conduct an open house or recruitment event.

Growth: Recruit and retain youth in the post in order to grow membership.

**Commissioner Comments** 

#### **Program**

Post or club program: Include interactive activities in the post or club program/meetings.

Youth leadership: Have trained youth leadership.

Super activity: The post or club plans and/or participates in a super activity

The post or club participates in one or more community service projects.

**Commissioner Comments** 

#### **Volunteer Leadership**

leaders.	
Club adult leadership: Have registered and engaged adult leaders	
Trained adults: Have trained adult leaders. All adult volunteers have current youth protection training.	
Commissioner Comments	
Unit Priorities and Other Details	
Unit striving to achieve the following JTE Award:	
If Key Leader(s) changing within the next 4 months:	
Committee and Planning	
Participants and Growth	
Program	
Leadership (Youth or Adult)	
Need to discuss unit with ADC/DC (optional)	
Have a possible UC candidate in this unit (Enter name and contact information)	
Youth Attendance: (only for meetings where youth would be in attendance)	
Issues with Key Leaders	

Post/Club adult leadership: Have registered and engaged adult

Unit not meeting
Unit with no leader

Unit with no committee

Unit with no new members

Unit conflict with the Chartered/Participating Org

New unit leader lacks orientation or training

Unit with weak leadership

#### **Unit Service Plan**

Do you want to create a Unit Service Plan?

Yes No

# **Select Add Service Plan to begin.** Please select a category for this service plan

Describe an action that will help raise assessment of performance (e.g., Develop a budget for the year)

Identify person and entity responsible for the above action. (e.g., Jennifer Jones, committee member)

**Target Completion Date** 

Actual Completion Date