Appendix J
(Optional)

Evaluation Form for
New Coordinating Committees and
Education/Extension and Research Activities

Activity Number: ____________

Title: ____________________________________________________________

__________________________________________________________________

Administrative Advisor: _____________________________________________

Proposed Termination Date: __________________________________________

Reviewed by: Regional Association___________ Administrator Advisor
1. **Goals and objectives clearly stated and appropriate to committee activity(s).**  
   _____ 1 Excellent  _____ 2 Good  _____ 3 Fair  _____ 4 Needs Improvement

2. **There is a good potential to attain the objectives and plan identified in the activity.**  
   _____ 1 Excellent  _____ 2 Good  _____ 3 Fair  _____ 4 Needs Improvement

3. **Activity addresses priority research and is not duplicative with existing activities.**  
   _____ 1 Excellent  _____ 2 Good  _____ 3 Fair  _____ 4 Needs Improvement

4. **Activity has moved beyond individual activity(s) and ideas to a collective, interdependent activity.**  
   _____ 1 Excellent  _____ 2 Good  _____ 3 Fair  _____ 4 Needs Improvement

**Recommendation:**  
_____ Approve/continue with normal revision.  
_____ Approve/continue with revision (provide specific recommendations). Disapprove/terminate at termination time (provide specific reasons).

**Signature:**

(Determined by regional associations) Date