

# Leadership Institute

## Chapter Member Recognition Worksheet



DEADLINE DATE: **RECEIVED BY MARCH 1, 2018**

Name: \_\_\_\_\_

Chapter Name: \_\_\_\_\_ Chapter Adviser: \_\_\_\_\_

Number of years you have been a member of FCCLA: \_\_\_\_\_ Affiliation Date: \_\_\_\_\_

<b>Who Am I As A Leader Course</b>	
<b>Assignment</b>	<b>Complete Date</b>
Leadership Profile	
District Conference Attendance Verification	

<b>Communication Skills Course</b>	
<b>Assignment</b>	<b>Complete Date</b>
Leadership Competency Skills Checklist	
Ultimate Leadership Conference Attendance Verification	

<b>Leadership Development Plan</b>	
<b>Assignment</b>	<b>Complete Date</b>
Leadership Development Plan	

<b>Service Hours</b>	
<b>Assignment</b>	<b>Complete Date</b>
25 Service Hours	

I have completed all the required components of the Chapter Member Leadership Institute.

\_\_\_\_\_  
Student Signature Date

I have verified that the above students has completed all the required components of the Chapter Member Leadership Institute.

\_\_\_\_\_  
Chapter Adviser Signature Date