EPSILON SIGMA ALPHA INTERNATIONAL
EDUCATIONAL REPORT FORM

State: _____. Chapter Name & Number: _____
City: _____. Meeting Date: _____
Yearly Theme: _____
Topic of this Program: _____

Method of Presentation: (Check the one that applies)

- ☐ Member's oral report (name) _____
- ☐ Visual aid Program (kind & type) _____
- ☐ Guest Speaker _____
- ☐ Field Trip (where to) _____
- ☐ Other (explain) _____

Summary: (briefly summarize the program stating all major points emphasize)

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Evaluation: Number of members in attendance _____
By the membership: excellent ☐ good ☐ fair ☐

Comments by the Educational Director:

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Mail to: OSC Educational Director Submitted by: _____