



National Council of Jewish Women

NCJW Commissioner Report Form

Section:
Section Leader's Name:
Commissioner Name:
Date of Call:

Topic:
Comments:
What type of follow up is needed?

Topic:
Comments:
What type of follow up is needed?

Topic:
Comments:
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Topic:
Comments:
What type of follow up is needed?

Topic:
Comments:
What type of follow up is needed?

What other topics were discussed on this call?
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Section Overall Status- 5 is healthy, 1 is needs attention __1 __2 __3 __4 __5
Please explain your rationale for this rating: