

BOARD FORMS

Auditor

Board Self-Assessment

HS / EHS Self-Evaluation

PLEASE RETURN THESE A.S.A.P.

We are required to have these on file.

AUDITOR FORM 2026

1. Did you have a direct business relationship with the Organization (other than as an officer, director, trustee or employee) or an indirect business relationship through ownership of more than 35% in another entity that had a direct business relationship with the Organization?

____ NO

____ YES Explain: _____

2. Did you have a family member who had a direct or indirect business relationship with the Organization?

____ NO

____ YES Explain: _____

3. Did you serve as an officer, director, trustee, key employee, partner, or member of an entity (or shareholder of a professional corporation) doing business with the Organization?

____ NO

____ YES Explain: _____

NAME: _____
Signature

Printed name

TITLE: _____

DATE: _____

BOARD SELF ASSESSMENT

2026

Thank you for taking time to complete this survey which will help us govern ourselves more effectively.

Please circle the appropriate response: 1 = I do not agree 2 = Neutral 3 = I agree

The board meeting time is convenient	1	2	3
Board materials reach me in time to prepare	1	2	3
The length of the board meeting is appropriate	1	2	3
The number/frequency of meetings is appropriate	1	2	3
I feel comfortable asking questions during meetings	1	2	3
Board meetings are welcoming and inclusive	1	2	3
The board is sufficiently diverse	1	2	3
The leadership structure is effective	1	2	3
I feel fully engaged as a board member	1	2	3
My talent/wisdom is put to good use	1	2	3
The board exercises appropriate fiscal oversight	1	2	3

My ideas for strengthening the board are:

Other Comments:

DATE: _____

NAME: _____ (Optional)

Tri-County Community Council, Inc.
Head Start/Early Head Start

Individual Board Member/Policy Council Member Self-Evaluation

This is a self-evaluation tool to help you evaluate your individual service as a Board member or Policy Council member. This tool will also provide valuable feedback to our program as the information will help in ensuring that needed changes/improvements are made. Please complete the self-evaluation form by checking the applicable box and return to Kim Gillis.

Questions	5 Always	4	3	2	1 Never
1. I understand the role of the board and my legal and ethical responsibilities as a board member. (Board member only)					
2. I understand the role of the policy council and my responsibility to work in partnership with key management staff and the governing body. (Policy Council member only).					
3. I have attended all regular and special called meetings.					
4. I read all the materials before the board meeting and come prepared with questions.					
5. I understand that my input is important in developing and revising goals, plans, policies, funding application and funding amendments.					
Comments on ways that our program can make sure the information you need to perform your responsibility as a board member or policy council member is provided. List any suggestions for improvement and/or training.					