

**LOCAL UNION EDUCATION COMMITTEE
BASELINE ASSESSMENT SURVEY FORM**

ASSESSMENT DATE(S):

REGION: _____ **LOCAL UNION:** _____ **AMALGAMATED?** _____

IF AMALGAMATED, LIST WORKSITES:

SERVICING REPRESENTATIVE(S):

LOCAL UNION MEMBERSHIP TOTAL: _____

IF AMALGAMATED, LIST UNIT TOTALS:

LOCAL UNION EDUCATION COMMITTEE STATUS:

___ **Active** ___ **Moderately Active** ___ **Sporadically Active** ___ **Inactive** ___ **No Committee**

___ **Elected under Local Union/unit bylaws?**

___ **Appointed under Local Union/unit bylaws?**

___ **Education Standing Committee training received?**

___ **Local Union Discussion Leader training received?**

___ **Programs? (If so, list below.)**

NOTE: IF AMALGAMATED UNION, REPEAT ABOVE STATUS QUESTIONS FOR EACH UNIT.

EDUCATION COMMITTEE CHAIR NAME/CONTACT INFORMATION (email/cell/work):

EDUCATION COMMITTEE MEMBER CONTACT INFORMATION (email/cell/work):

NOTE: IF AMALGAMATED UNION, REPEAT FOR EACH UNIT WITH AN EDUCATION COMMITTEE.

UAW EDUCATION DEPARTMENT SUPPORT/TRAINING DESIRED/NEEDED:

NOTE: IF AMALGAMATED UNION, REPEAT FOR EACH UNIT WITH AN EDUCATION COMMITTEE.

MISCELLANEOUS NOTES (Director, Servicing Representative, Other Feedback, General Observations):
