

**Delaware Valley Community Health, Inc.**  
**Board of Directors**  
**Self-Evaluation Form**

**Name:**

**Board Position:**

**Years on the Board:**

**Directions:** ***Please answer the following questions by checking the appropriate box.***

1. Do you regularly attend the monthly Board meetings?

**Yes                      No**

2. Have you read the Bylaws that rule the Corporation?

**Yes                      No**

3. Are you involved on any Board Committees? If so, which one/s?

**Yes                      No**

4. How often does your committee meet?

**Yes                      No**

5. Do you receive the Minutes of the prior month's Board meeting at least a week in advance of the current month's meeting?

**Yes                      No**

6. Are the Minutes kept in a accessible location, if needed for review?

**Yes                      No**

7. Is the Board instrumental in reviewing and adopting personnel policies and procedures?

**Yes                      No**

**Comments:**

8. Does the Board have input in establishing and adopting the Corporation's financial and management which includes billing, approval of the budget, eligibility of services, etc.

**Yes                      No**

**Comments:**

9. Has the Board initiated a long-term strategic plan?

**Yes**

**No**

**Comments:**

10. How is the Board involved in ensuring patient satisfaction?

**Comments:**

11. Does the Board annually evaluate the Executive Director?

**Yes**

**No**

12. How do you rate the Board's performance?

**Excellent**

**Good**

**Satisfactory**

**Unsatisfactory**

13. Do you have any suggestions for improving the Board's performance?

**Comments:**

**Other Comments:**

