



TENNESSEE

STATE ASSOCIATION

TN FCCLA Chapter Goals 2024-25

Thank you for participating in the completion of the TN FCCLA Chapter Goals.

Throughout the completion of this form, whenever you answer Yes you will be prompted with an evidence submission box. Please ensure that this evidence fully shows how your chapter was able to complete this goal.

Chapter Information

Adviser Name

First

Last

Adviser Email

Chapter Name (No Initials)

Number of Students in Chapter

Local Chapter Activities

Please upload evidence of completion (examples: pictures)

Integrate FCCLA within each course.

Yes No

Evidence of Completion

Example: Lesson Plan

Plan and implement SCHOOL-based service project.

Yes No

Evidence of Completion

Plan and implement COMMUNITY-based service project.

Yes No

Evidence of Completion

Submit Public Relations article to FCCLA Newsletter or local newspaper.

Yes No

Evidence

Increase membership by 5

Yes No

Evidence of Completion

Demonstrated and facilitated member recruitment events.

Yes No

Evidence

Participate in one National Programs in Action (other than STAR Events) activity.

Yes No

Evidence

Create, maintain, and utilize chapter social media presence.

Yes No

Evidence

Example: Link to social media page

Advocate for FCS Education and FCCLA at any local, state, or national level.

Yes No

Evidence

Attendance and Participation

FCCLA National Leadership Conference

Yes No

Evidence of Attendance

TN CTSO Chapter Officer Leadership Training

Yes No

Evidence of Attendance

Capitol Leadership

Yes No

Evidence of Attendance

TN CTSO Fall Leadership Conference

Evidence of Attendance

Yes No

Fall Leadership Insitute (Orlando or Anaheim)

Yes No

TN FCCLA State Leadership Conference

Yes No

Evidence of Attendance

Competition

**Number of students that participated in STAR
Events at the District Level**

**Number of students participating in STAR
Events at the State Leadership Conference**

Run a State Officer Candidate

Yes No

Number of candidates running from your chapter

Have a student(s) Saying Yes to FCS?

Yes No

If yes, how many?

Submission

The evidence that I submitted accurately shows what our chapter completed throughout this school year.

Signature