

# EVALUATING RECOMMENDATIONS: A WORKSHEET

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DATE: \_\_\_\_\_  
COMMITTEE: \_\_\_\_\_

RECOMMENDATION: \_\_\_\_\_

RELATIONSHIP TO THE MISSION, VISION AND VALUES: \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP TO THE STRATEGIC PLAN: \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP TO COMMITTEE'S GOALS: \_\_\_\_\_

\_\_\_\_\_

COSTS ASSOCIATED WITH ADOPTING THIS RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_

MANPOWER NEEDS: \_\_\_\_\_

\_\_\_\_\_

ETHICAL CONSIDERATIONS: \_\_\_\_\_

\_\_\_\_\_

POTENTIAL RISKS: \_\_\_\_\_

\_\_\_\_\_

PRIORITY LEVEL: \_\_\_ 1 (CRITICAL) \_\_\_ 2 (VALUABLE) \_\_\_ 3 (NICE ADDITION)

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PROS OF ADOPTING THIS RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_

CONS OF ADOPTING THIS RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_

QUESTIONS THAT STILL NEED ANSWERS: \_\_\_\_\_

\_\_\_\_\_

OTHER COMMITTEES THAT MIGHT HAVE VALUABLE INSIGHT REGARDING  
THIS PROPOSAL: \_\_\_\_\_

STAFF MEMBERS THAT MIGHT HAVE VALUABLE INSIGHT REGARDING THIS PROPOSAL:

\_\_\_\_\_

\_\_\_\_\_

STEPS REQUIRED FOR THE IMPLEMENTATION OF THIS RECOMMENDATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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SENT TO \_\_\_\_\_ ON \_\_\_\_\_  
(INDIVIDUALS/COMMITTEES) (DATE)  
\_\_\_\_\_  
(INDIVIDUALS/COMMITTEES) (DATE)  
\_\_\_\_\_  
(INDIVIDUALS/COMMITTEES) (DATE)

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RESPONSES FROM: \_\_\_\_\_  
(INDIVIDUAL/COMMITTEE)

*If this recommendation requires or would benefit from any resources from your committee please explain:*

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*If we have missed an important consideration, what is it?* \_\_\_\_\_

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*Other:* \_\_\_\_\_

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*If you would not vote for the adoption of this recommendation as it stands now, how would you suggest changing it:*

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