girl scouts of tropical florida

Girl Scout Council of Tropical Flroida, Inc.
(Serving Dade and Monroe Counties)

PROGRAM EVALUATION

Did You Have Fun? Did You Learn Something New? We Need To Know!

In order for us to stay on top of what the participants think about Girl Scout activities offered beyond the troop level, we need to hear from you. Please take a moment to complete this evaluation with input from your girls, if appropriate. It is important for us to know what the girls think as well as adults. Changes in future activities are always based on past experiences. We hope it was a good one....so let us know!

Leader's Name_____**Phone #**_____

Email _____

Troop #_____**Age Level**_____**Service Unit #**_____

Number of Girls participating:_____ **TOTAL:** **B:**___**W:**___**H:**_____**Other:** ___

Number of Adults participating:_____ **TOTAL:** **B:**___ **W:**___**H:**_____**Other:** ___

Event Name:_____**Date:**_____

Location:_____

What were the highlights of this event?_____

_____

What new skills did you learn?_____

_____

What Badges/Patches/Certifications were earned?_____

_____

FOR GIRLS ONLY

learned a lot, etc."

1 2 3 4 5 6 7 8 9 10

Any comments or suggestions for future events?_____

_____

FOR LEADERS/ADULTS ONLY

Please rate this event on the same scale as above. Take into consideration the overall effectiveness of this program/training based on adult participation.

1 2 3 4 5 6 7 8 9 10

If applicable, did this event meet the troop's needs?_____

_____

Any comments or suggestions for us to consider when planning future events_____

_____

White - Program Department
Yellow: Troop Leader

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