



GIRL PARTICIPANT EVALUATION

Event Name

Date of Event

Thank you for taking time to help us identify our strengths and areas for improvement. This side of the form is designed to be completed by troops, individually-registered girls, or group of youth participants.

This is my first time at a GSU council-sponsored event (record number of children who said yes)

I have attended other GSU council-sponsored events (record number of children who said yes)

Record the number of children who respond to the following questions:

- This event was fun! Yes _____ Sort of _____ No _____
- I learned something new Yes _____ Sort of _____ No _____
- I made a new friend today Yes _____ Sort of _____ No _____
- I helped plan and participated today Yes _____ Sort of _____ No _____
- I like doing activities like this Yes _____ Sort of _____ No _____
- I want to come to another Girl Scout event Yes _____ Sort of _____ No _____

Highlights – What were your favorite things about today’s event?

Areas of Concern – What was your favorite thing about today?

Evaluation completed by: (optional) _____