



Free Being Me *Program Evaluation*

LEADERS: please complete this evaluation with input from your girls.
Bring the completed form to Girl Scouts of Nassau County's Shop to receive the patches for your Troop.

Troop #: _____ Level: _____ Association: _____

Troop Leader Name: _____

Number of patches: _____

What was the most fulfilling part about the patch program for your Troop?
