



Girl Scouts of Nassau County, Inc.
ASTHMA AWARENESS -- GIRLS HAVING STRONG, HEALTHY LUNGS
 Patch Program Evaluation

LEADER - Please complete this evaluation with input from the girls. Bring the completed form to Girl Scouts of Nassau County's Shop to purchase patches. If you do not want patches, please return your evaluation to: Information Management, GSNC, 110 Ring Road West, Garden City, NY 11530. Thank you for participating in this evaluation. Your comments are important to us.

Please fill in all of the blanks:

Troop # _____ Association _____ Girl Scout Level _____

Number of Girl participants _____ Number of Adult participants _____

Location _____ Length of time to complete this program _____

Number of girls with:

Asthma _____ Families with asthma _____ Friends with asthma _____

For girls with asthma, number of:

Parents/guardians who smoke _____ Pets in the home _____

1. After participating in this program would you ever smoke cigarettes in the future? (please check one)

Yes No Maybe Not sure

2. After participating in this program do you feel more confident that you would know how to handle an emergency?

As a Leader (check one) Yes No Not sure

Of Girls responding: Yes _____ No _____ Not sure _____

3. What are the three most important things the girls learned from this program?

4. As the Troop Leader, did you feel that the program was: (please check one)

Too easy Too difficult Just right for this age group

5. Name one thing that you as a Leader learned from this program that will help you to be a better Leader of your Troop.



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6. We welcome any comments/suggestions you may have regarding this program.

Name of person completing form: (optional) _____