



**Girl Scouts of Nassau County, Inc.
CHOICES AND CHALLENGES
Program Evaluation**

Leaders: Please complete this evaluation with input from your girls and return your completed survey to the Girl Scout Shop when purchasing your patches. If you don't purchase patches, please mail your completed evaluation to Girl Scouts of Nassau County, Information Management, 110 Ring Road West, Garden City, NY 11530. Thank you for your participation.

Leader's Name _____ Troop # _____

Association _____ Girl Scout Level _____

of Girls participating _____ # of Girls who completed/received patches _____

Please check ONE answer to each question.

1. **How was this program presented to your Troop?**
 - Weekly
 - Bi-Weekly
 - Monthly
 - Bi-Monthly
 - Yearly
 - Other

2. **Please indicate the session your Troop voted Most Enjoyable.**
 - Session 1
 - Session 2
 - Session 3
 - Session 4
 - Session 5 (if applicable)
 - Session 6 (if applicable)

3. **My Troop voted this session Most Enjoyable because:**
 - It achieved its objective
 - it was educational
 - It encouraged teamwork
 - It was easy
 - It required creativity

4. **Please indicate the session your Troop voted Least Enjoyable.**
 - Session 1
 - Session 2
 - Session 3
 - Session 4
 - Session 5 (if applicable)
 - Session 6 (if applicable)

5. **My Troop voted this session Least Enjoyable because:**
 - It did not achieve its objective
 - It was too easy
 - it was too difficult
 - It was too boring

6. **My Troop said the most important thing they learned was:**
 - Building positive self-concept
 - Learning about drugs
 - Learning about healthy living
 - Understanding feelings/communication
 - Decision making (Jr. level & up)
 - Community Service Project (Sr/Ambassador)

7. **Would you use this program again?** Yes No

8. **If you answered "No" to Question # 7, please explain.**
