



**Girl Scouts of Nassau County, Inc.
CURIOSITY BOX
Patch Program Evaluation**

Leaders - 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.

Leader's Name _____ Troop # _____ Level _____

Association _____ # of Girls Participating _____

1. Please check the group of activities that were the most popular with your Troop.

- | | |
|-----------------------------------------------|-------------------------------------------------------------|
| <input type="radio"/> Color Activities | <input type="radio"/> Water Experiments |
| <input type="radio"/> Exploring Math Concepts | <input type="radio"/> Games and Other Things to Think About |
| <input type="radio"/> Air Experiments | |

2. Please check the group of activities that were the least popular in your Troop.

- | | |
|-----------------------------------------------|-------------------------------------------------------------|
| <input type="radio"/> Color Activities | <input type="radio"/> Water Experiments |
| <input type="radio"/> Exploring Math Concepts | <input type="radio"/> Games and Other Things to Think About |
| <input type="radio"/> Air Experiments | |

3. Please check how your Troop chose the activities.

- Voting for the most interesting activity
- Voting for the easiest activity
- Voting for activities relating to another project (perhaps at school)
- Random Drawing
- Other: _____

4. Please check how often you did a Curiosity Box Activity.

- Weekly
- Bi-Weekly
- Monthly
- Bi-Monthly
- Other: _____

5. Please rate how your Troop responded to the overall Curiosity Box Activity Program. (1 being for Least Favorable and 5 being for Most Favorable)

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 (least favorable) | 2 | 3 | 4 | 5 (most favorable) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. Comments:
