Girl Scouts of Nassau County, Inc.

# GROWING STRONG, STAYING HEALTHY: BREAST HEALTH AWARENESS

## 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** _____ **Association** _____

**Troop #** _____ **Girl Scout Level** _____

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

1. **Did the activities meet the stated objectives?**

| No | Somewhat | Yes |
|---|---|---|
| ○ | ○ | ○ |

2. **Please explain your answer to Question #1.**

_____

_____

3. **What level of interest in health did the Troop demonstrate as a result of their participation in the Growing Strong, Staying Healthy: Breast Health Awareness Patch Program?**

| No Interest | Little Interest | Moderate Interest | High Interest |
|---|---|---|---|
| ○ | ○ | ○ | ○ |

4. **What did your Troop say was the most important thing they learned?**

_____

_____

5. **What was most helpful about this workbook?**

_____

_____

6. **What was least helpful about this workbook?**

_____

_____

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

8. **Suggestions/Comments:**

_____

_____

_____