girl scouts of eastern missouri

District/Neighborhood Event
Girl and Adult Participant Survey

District/Neighborhood: _____ Circle one: District Event Neighborhood Event

Name of Event: _____ Location: _____

Event Director's Name: _____ Phone: _____

Email: _____

Number of girls (by program)/adults participating:

D____ B____ J____ C____ S____ A ____ Registered Adults ____ Non Registered Adults ____

Part A: Read the questions to the Girl Scouts and record the number of yes and no answers.

Did you:

1. Have fun? Yes____ No____
2. Help make your troop's decision to attend? Yes____ No____
3. Discover something you do well? Yes____ No____
4. Choose to help someone? Yes____ No____
5. Learn something you can use in your everyday life? Yes____ No____
6. Try something you'd never done before? Yes____ No____
7. Listen to others in your group when you made a decision? Yes____ No____
8. Feel a part of your Girl Scout Community? Yes____ No____
9. Get to know people who are different from you? Yes____ No____
10. Ask an adult for help when you needed it? Yes____ No____
11. Get to help make your community a better place with a service project? Yes____ No____
12. What was your favorite activity? _____
13. What would you suggest for this event next time? _____

Part B: All adults respond.

Number of adults responding on this page: _____

Rate each aspect of this event :

	Excellent	Very Good	Good	Needs Improvement	N/A
Program Selection					
Program Activity					
Food					
Facilities					
Publicity					
Confirmation Information					
Logistics					

Suggestions for future events:

_____

_____

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