

Please rate the following based on a scale of 1-5. Rating of 1 = Poor, 5=Excellent

Item	Rating
Facility	
Facilitator	
Length of Session	
Methods Used (handouts, posters, interaction)	
Learning Objectives reviewed by facilitator	
Content Covered	

Please use the same rating scale to reflect how well you feel the learning objectives were met.

Learning Objectives	Rating
Girl Scout Leadership Experience explained	
Typical session/meeting layout	
Use of the Journeys	
Use of other resources	
Tips for managing a troop/group	

If you rated anything less than a 3, please explain below:

What was the highlight of the session for you?

What, if anything, do you feel should be deleted or added to Leadership Essentials?

Demographic Information (required for continued United Way funding-please circle all that apply):

Gender: Female Male

Ethnic Origin: American Indian/Alaskan Native Asian/Pacific Islander White African American/Black
 Other _____ Hispanic/Latino

Positions Held: Troop Leader Assistant Leader Organizer Consultant Service Unit Manager
 Service Team Member (specify): _____ Other: _____

If you'd like to be contacted, please provide your information below:

Name: _____ Phone: _____

E-Mail: _____