GIRL SCOUT
EVENT EVALUATION

EVENT:

DATE: **SERVICE UNIT:**

COUNCIL:

1. Why did you/your troop enjoy/not enjoy participating in the event?

2. What was your *favorite* portion of the event?

3. What was your *least* favorite portion of the event?

4. What would you suggest to do differently next year to improve the event?

5. Please rate the following items; 1 being **poor** and 10 being **excellent**. Please circle only one.

Facilities	1	2	3	4	5	6	7	8	9	10	N/A
Location	1	2	3	4	5	6	7	8	9	10	N/A
Sound System	1	2	3	4	5	6	7	8	9	10	N/A
Quality of Events	1	2	3	4	5	6	7	8	9	10	N/A
Timing of Events	1	2	3	4	5	6	7	8	9	10	N/A
Enjoyment of Event	1	2	3	4	5	6	7	8	9	10	N/A
Learning from Event	1	2	3	4	5	6	7	8	9	10	N/A
Leadership of Event	1	2	3	4	5	6	7	8	9	10	N/A
Cost	1	2	3	4	5	6	7	8	9	10	N/A
	1	2	3	4	5	6	7	8	9	10	N/A

Other Comments:

Name_____ Phone_____

Address_____ Troop_____ Level_____