

Troop Leader Annual Self-Evaluation

Name _____ Date _____

Troop/Group # _____ Service Unit _____

Phone Number _____ Email _____

This self-evaluation is a tool to help you reflect on your effectiveness as a Girl Scout leader and to help your Service Unit team and the Council improve support services for all volunteers. Please complete this form and return it to the Service Unit Registrar along with your Annual Troop Financial Report no later than **June 30, 2013**.

Girl Scout Program Experience	Yes	No	Some	N/A
1. Did I create a girl-focused and girl-driven program environment where girls took increasing responsibility for creating their program activities as the year progressed?				
2. Through their active participation in Girl Scouts, am I able to see that I helped the girls develop their courage, confidence and character?				
3. Did I have sufficient Girl Scout program information, resources and support to effectively guide the girls?				
Administrative:				
4. Did I complete Leadership Essentials (LE1) and Program Level (LE2)?				
5. Did I register the Troop and additional girls in a timely manner?				
6. Did I establish, monitor and maintain financial records and submit the Annual Troop/Group Financial Report at the end of the year?				
7. Did I attend Service Unit meetings or send a Troop representative?				
8. Was I able to successfully involve parents in the Troop's decisions, plans and activities?				
9. Did I seek input from others (Service Unit manager, staff or other volunteers) if questions or problems arose?				

Your Personal Satisfaction	Strongly Agree		Agree		Strongly Disagree
10. I fulfilled a desire to be helpful and make a difference in the world.	1	2	3	4	5
11. I enjoyed meeting and networking with people.	1	2	3	4	5
12. I gained a sense of satisfaction and accomplishment by contributing to the lives of girls.	1	2	3	4	5
13. I developed and enhanced marketable job and promotional skills.	1	2	3	4	5
14. It gave me an outlet for creative expression.	1	2	3	4	5

15. How could Service Unit meetings be better structured to help you carry out your Girl Scout leader responsibilities?

16. What additional one-on-one or small group support could you use from your Service Unit Team?

17. What additional support could you use from the Council?

18. Are you interested in continuing as a Girl Scout leader next year? Yes No
If no, why not?

19. Would you like to be contacted to discuss anything? Yes No
If yes, what would you like to discuss?

When and how is the best way to contact you?

Signature: _____ Date: _____