

Evaluation

Thank you for taking the time to share your thoughts about the Grow Strong Kit. Your evaluation will help the GSCNC Program Department to better meet the needs of girls and leaders. Please copy and mail this form to:

**Program Department, Girl Scout Council of the Nation's Capital,
4301 Connecticut Avenue NW, Washington DC 20008**

How did you learn about the program?						
Website <input type="checkbox"/> Event <input type="checkbox"/> e-Edition <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other _____ <input type="checkbox"/>						
Number of girls who used the program?		Program Level/s Cd Snr Amb				
Was this program used by <input type="checkbox"/> Individual <input type="checkbox"/> Troop <input type="checkbox"/> Service Unit event <input type="checkbox"/> Other _____		How did you receive the materials? <input type="checkbox"/> Obtained from Service Unit <input type="checkbox"/> Picked up at _____(location)				
Were materials available when requested? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, provide details below)						
<input type="checkbox"/> Available for acceptable alternate date Comments:						
Please rate each category		excellent	very good	good	fair	poor
Ease of request						
Clarity of Activity Instructions						
Knowledge gained about health						
Condition/completeness of kit						
Appropriateness for level/age of girls						
Program met expectations/needs						
Overall satisfaction with program						
Which Grow Strong activities did you list the best?						
What went well with the Grow Strong activities?						
What could be improved about the Grow Strong activities?						
Additional Comments						
OPTIONAL: Name						
Phone		Email				