

Program Participant Evaluation

Thank you for participating in a GSCNC program! Your feedback will help the GSCNC Program Department and the GSCNC REACH Team continue to plan programs that meet the needs of all girls at all levels. Please completed this form and return to your Program Host or mail form to: **Program Department, Girl Scout Council of the Nation’s Capital, 4301 Connecticut Avenue NW, Washington DC 20008**

Program		Date	Location				
Did you attend <input type="checkbox"/> with troop <input type="checkbox"/> as individual		Program Level					
How did you learn about the program ?							
<input type="checkbox"/> Capital Notes		<input type="checkbox"/> Word of Mouth					
<input type="checkbox"/> e-Edition		<input type="checkbox"/> SU or Association Meeting					
<input type="checkbox"/> website		<input type="checkbox"/> Other					
How did you register for the program?			What form of payment did you use?				
<input type="checkbox"/> On-line			<input type="checkbox"/> On-line credit card				
<input type="checkbox"/> Mail			<input type="checkbox"/> Mailed credit card authorization				
<input type="checkbox"/> Other			<input type="checkbox"/> Mailed check		<input type="checkbox"/> Payment at door		
Number of:	Registered for program	Attended Program	OPTIONAL- to help us serve all girls				
			White	Black	Hispanic	Asian	AmIndian
Girl Scouts							
Adults							
others							
Please rate each category			excellent	very good	good	fair	poor
Ease of registration/payment							
Overall satisfaction with program							
Appropriateness for level/age of girls							
Value for cost of program							
Presenter/ vendor knowledge and rapport with girls							
Attention to any safety issues							
Location/time/facilities							
Girl comments							
Adult comments							
OPTIONAL: Name							
Phone			email				