girl scouts nation's capital

Meet My Girl Scout

Please fill out this questionnaire to share more about your Girl Scout. This form helps us get to know your Girl Scout and give them the best experience possible. This information stays with your Troop Leader.

What is your Girl Scout's name? _____

What is your Girl Scout's nickname or preferred name? _____

What pronouns does your Girl Scout use?

- ☐ She/her/hers
- ☐ They/them/theirs
- ☐ Something else: _____

Are there specific things that help your Girl Scout when they are frustrated, overwhelmed, nervous, or having a hard day? _____

_____

What are some things your Girl Scout really enjoys? _____

(Hobbies, activities, subjects, games, crafts, animals, etc.)

_____

What are some things your Girl Scout would like to learn, try, or get better at this year?

_____

_____

How does your Girl Scout typically prefer to participate in a group?

- ☐ Jumping right in
- ☐ Working with a partner or small group
- ☐ It depends on the activity
- ☐ Watching first and joining when ready
- ☐ Working independently
- ☐ Other: _____

What makes your Girl Scout feel welcome in a new setting? _____

_____

(continued on back)

Meet My Girl Scout, continued

What might make your Girl Scout feel hurt, scared, or upset? How do they show it? _____

_____

_____

What helps your Girl Scout work through friendship challenges? _____

_____

_____

Are there any non-food activities, materials, or situations that your Girl Scout should avoid or that may require an alternative? *During the year, Girl Scouts may participate in activities involving crafts, animals, outdoor materials, specific clothing or equipment, physical environments, or other hands-on experiences. Please share anything that may affect participation in activities.*

_____

_____

What specific accommodations, activity modifications, additional help, or tools will help your Girl Scout have a successful experience? *This could include communication, sensory, learning, social, or environmental accommodations. You do not need to provide a diagnosis or medical information here. Please use the Girl Scout Health History form for health-related information that leaders need for safety and emergency planning.*

_____

_____

What is one thing you hope your Girl Scout gets out of this year? _____

_____

Does your family speak a language other than English? ☐ No ☐ Yes: _____

What holidays does your family celebrate?

☐ Christian holidays ☐ Islamic holidays ☐ Jewish holidays
☐ United States federal holidays
☐ Another holiday or set of holidays: _____

Does your family have any religious or values-based food requirements?

☐ Halal ☐ Kosher ☐ Vegan
☐ Vegetarian
☐ Another food requirement: _____

Does your Girl Scout have a food allergy or intolerance we should be aware of when planning troop activities?

☐ No
☐ Yes: _____

Is there anything else you would like Troop Leaders to know? _____

_____