
Girl Scouts of Eastern Oklahoma

_____ Service Unit Event Evaluation

(please complete and return to service team or council representative)

Name of Event _____ Date of Event _____

Your name _____ Troop Level _____ Troop No. _____

What did you like best?

What did your girls like best?

What could have gone better? How?

What did your girls think could have gone better? How?

What suggestions do you have for the future?

What suggestions do the girls have?

Did you get any parent feedback?

What type of events would you like to see offered?

Would you be willing to help with events in the future? How?

Girl Scouts of Eastern Oklahoma really cares that it serves ALL GIRLS. Please provide the following ethnic/racial information:

GIRLS (AGES 5 – 18)	WHITE	AFRICAN- AMERICAN	AMERICAN INDIAN	HISPANIC	ASIAN/PACIFIC ISLANDER	UNKNOWN	TOTAL
DAISY							
BROWNIE							
JUNIOR							
CADETTE							
SENIOR							
AMBASSADOR							
NON-MEMBER							
<i>TOTAL GIRLS</i>							
TAG-A-LONGS							
ADULTS							
<u>GRAND TOTAL</u>							

