Girl Scouts of Alaska

Program Event Evaluation

Program Name _____ Program Date _____

Please circle the level of your group: Daisy Brownie Junior

Cadette Senior Ambassador

Please rate your overall experience at this program on a scale of 1 to 5 (5 is the highest):

Would you recommend this program to others? Yes No

Were program instructors prepared for your arrival? Yes No

Were the activities appropriate for this age group? Yes No

What did you think about the program length?
Just right too short too long

Did the confirmation letter answer all of your questions? Yes No
(If not, what was missing?)

Was the description in the Program Calendar accurate? Yes No
(If not, why?)

Comments you want passed on to the presenter:

Comments in general:

Please return completed evaluation to Council office, attention: Program Director