

LTC Event Evaluation Form

Name/Troop _____

Event _____ Date _____

	Excellent	Very Good	Good	Fair	Poor
Pre Activity Information					
Organization at Event					
Physical Arrangements					
Date and Time					
Food (if applicable)					
Entertainment (if applicable)					
Activities (if applicable)					
Games and/or Songs (if applicable)					
Overall Event Score					

What were the best things about this event?

The Girls come first in Girl Scouting, what were their 3 favorite activities. ASK THEM!!

1. _____ 2. _____ 3. _____

If I could have controlled it, I would have changed

If I had to do this all over again, I would have _____ before I arrived; I would have _____ while I was at the event; and I would _____ when I got back home.

I could really have used help with

What would you like to see changed if we do this event again?

How would you do this?

Would you like to make the arrangements/be in charge of this ?

What would you like to see added/subtracted to this event if we do it again?

How could this be implemented?

Would you like to make the arrangements/be in charge of this?

Would you suggest any changes in the schedule?

If so, would any activities need to be eliminated, or would the event need to be extended?

If I had two people to thank, I would thank

_____ for _____
 _____ for _____