



GIRL SCOUTS OF CONNECTICUT

WWW.GSOFCT.ORG 1-800-922-2770

Troop/Group End-of-Year Leader Report Due by July 15, 20__

(Circle one)

Program Level: Daisy Brownie Junior Cadette Senior Ambassador

Troop/Group Number _____

Service Unit _____

No. of Girls Registered _____

No. of Adults Registered _____

Meeting Location _____

City _____

Leader's Name _____

Co-Leader's Name _____

Phone Number _____

Phone Number _____

Leader's Email _____

Co-Leader's Email _____

- Did you or someone from your Troop/Group attend Service Unit meetings? Always Sometimes Never

How was it helpful? _____

What suggestions do you have for additional information or improvement? _____

If you did not attend why not? _____

- What trainings have you or other adults in your Troop/Group completed this year?

*Please note how the courses were taken (classroom, self-study, online, large event, one day training days, etc.).

Training Course	Option for Completion*

How were the different training courses valuable to you or other Troop/Group adults in their volunteer roles?

What are the additional training needs of your Troop/Group adults?

3. Please list three (3) activities the girls in your Troop/Group participated in this year:

4. What was the highlight of the year for your Troop/Group?

5. Did your Troop/Group participate in council-sponsored program events? Yes No If yes, how many? _____
If you did not participate, why not?

6. How did the girls participate in girl/adult planning? Please give examples.

7. Has your Troop/Group started a Leadership Journey? Yes No If yes, which one?

8. Briefly describe your Take Action Project.

9. What resources and/or community partners did you use to enhance your Journey experience?

10. What type of service projects did your Troop/Group participate in this year?

Type of Service	Organization	Number of Hours

11. GSOFCT is a certifying organization for the Presidential Service Award. Has any member of your Troop/Group received this award? Yes No
 To learn more about this volunteer service award, visit www.presidentialserviceawards.gov and/or contact www.Program@gsofct.org.

12. What activities did your Troop/Group complete relating to diversity? What did the girls learn?

13. List trips and travel that your Troop/Group took this year. (Please include additional ones on the back of this form.)

Location	Length of Trip

14. How did your Troop/Group use earnings from the Cookie Program, QSP Program, and other money-earning activities?

15. Are you planning to continue as a Troop/Group Leader next year? Yes No If not, why?

16. What additional services or resources from Girl Scouts of Connecticut would be helpful?

Please feel free to attach additional sheets with comments or suggestions.

Please return this form by July 15th. Keep one (1) copy for your records and give one (1) copy each to your Service Unit Manager and to your Director of Membership Services or her/his designee.