



# GIRL SCOUTS OF CONNECTICUT

[WWW.GSOFCT.ORG](http://WWW.GSOFCT.ORG) 1-800-922-2770

## Troop/Group End-of-Year Leader Report Due by July 15, 20\_\_

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**(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?

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

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

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

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

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

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

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8. Briefly describe your Take Action Project.

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

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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](http://www.presidentialserviceawards.gov) and/or contact [www.Program@gsofct.org](mailto:www.Program@gsofct.org).

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

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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?

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

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

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

**Please return this form by July 15<sup>th</sup>.** 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.