

Girl Scouts of Southern Illinois
Adult Evaluation of Leadership Project



Instructions:

1. This form is to be filled out **by the adult** after a Girl Scout has completed her internship.
2. Please print or type.
3. Please return the completed form to your local council.

Name of Girl Participant _____

Type of Leadership project: PA I PA II LIT SGSTA CIT

Mentor Leader _____ Title _____

Date project was completed: _____

1. Did your participation as leader/council adviser meet your goals and expectations? Yes No

Explain _____

2. Would you be willing to work again on a leadership project? Yes No

Why or why not? _____

3. What changes would you recommend for the leadership project? Please share your suggestions about the application process, training, and internship. _____

4. Did the girl participant possess the maturity and knowledge to work with younger girls? Yes No

If not, how could the girl have been better prepared? _____

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5. Of the activities, discussions, or projects developed and implemented by the girl participant, which were the most successful? _____

6. If there were any difficulties (punctuality, dependability, attitude) with the girl participant, how were they resolved? _____

7. Would you recommend her for future leadership projects? Please give your reasons. _____

8. Please feel free to make additional comments: _____

Please return to:
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Glen Carbon, IL 62034