

Girl Scouts of Southern Illinois  
**Girl Evaluation of Leadership Project**



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**Instructions:**

1. This form is to be filled out **by the girl** who has completed a leadership project.
2. Please print or type.
3. Please return it to your council once it has been completed.

Girl's Name \_\_\_\_\_ Name of Mentor Leader \_\_\_\_\_

Date Leadership Project was completed \_\_\_\_\_

1. I have completed the following project:

- PA I     PA II     LIT     SGSTA     CIT

2. How would you rate this leadership project?

- Excellent     Good     Fair     Poor

3. The part I liked best about my internship, and why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The part I liked least about my internship, and why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe how the surroundings at your facility/camp helped or prevented you from carrying out your responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What could have been done better to help you accomplish your goals? Please share your suggestions about how to improve the application process, training, and internship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. For PAs, what was your specialization? \_\_\_\_\_  
Were you able to utilize your specialization during your internship? \_\_\_\_\_