



Girl Scout Council of Greater New York

Program Survey for Juniors, Cadettes & Seniors

WHAT DO YOU THINK?

Your Name: _____ Age: _____ Troop #: _____

Check your level: Junior GS Cadette GS Senior GS

Name of Program: _____

What *YOU* think about Girl Scouting is very important. Please fill-in this form to tell other girls about the Girl Scout program you just finished. Thank you!

JUNIOR GIRL SCOUTS: Check the box next to any **2 ideas** on the list below and write something about the program.

CADETTE GIRL SCOUTS: Check any **3 ideas** from the list below and write something about the program.

SENIOR GIRL SCOUT: Check any **4 ideas** from the list below and write something about the program.

1) This program gave me a chance to:

- make a new friend _____

- meet people different from me _____

- try new food _____

- work with a partner _____

- help somebody _____

- visit a new place _____

see something I never saw before _____

learned something that will help me at school _____

feel proud of myself _____

have fun _____

be respected _____

respect somebody else _____

think about a career _____

care about the earth, nature, animals _____

make up my mind about something _____

(my own ideas about this program) _____

2) Write your own “wish to do” in Girl Scouts list here:
