



Girl Scout Council of Greater New York
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 www.girlscoutsnyc.org



ClubZOOM Engineering Patch Program

JUNIOR GIRL SCOUT PROGRAM EVALUATION FORM

Service Unit: _____ Troop# _____ # of girls that participated _____

Place, Date, and Time of Sessions: _____

1. Compared to other programs you have facilitated, how would you rate the *ClubZOOM* curriculum and materials? (*Please check one.*)

- Excellent
- Very Good
- Okay
- Inadequate

2. What were the strengths of the *ClubZOOM* for *Junior Girl Scouts*?

3. What were the weaknesses of the *ClubZOOM* for *Junior Girl Scouts*?

4. Please comment on your experience implementing *ClubZOOM* for *Junior Girl Scouts* (please circle your answer):

1 = Very Good 2 = Good 3 = Inadequate

- Preparation time: 1 2 3
- Ease of getting supplies: 1 2 3
- Finding adequate space: 1 2 3
- The gap between training and implementation: 1 2 3
- Comfort with group facilitation: 1 2 3
- Comfort with a curriculum-based program: 1 2 3

4. Please specify how many patches you will need and where you would like them to be mailed:

of Patches (please limit one per girl): _____

Mailing Address & Troop Number:

Please Print