



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

Nursing Patch Program

GIRL SCOUT PROGRAM EVALUATION FORM

Name: _____ 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 *Nursing Patch* curriculum and materials? (*Please check one.*)

- Excellent
- Very Good
- Okay
- Inadequate

2. What were the strengths of the *Nursing Patch Program*?

3. What were the weaknesses of the *Nursing Patch Program*?

4. Please comment on your experience implementing *Nursing Patch Program for Brownie 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