



GIRL SCOUTS OF CONNECTICUT, INC.

www.gsofct.org 1-800-922-2770

Troop/Group End-of-Year Leader Report
Due by July 15, 20\_\_

Troop/Group Number (Circle one) Program Level: Daisy Brownie Junior Cadette Senior Ambassador
Service Unit No. of Girls Registered No. of Adults Registered
Meeting Location City
Leader's Name Co-Leader's Name
Phone Number Phone Number
Leader's Email Co-Leader's Email

1. Did you or someone from your Troop/Group attend Service Unit meetings? Always Sometimes Never
How was it valuable?
What suggestions do you have for additional information or improvement?

If you did not attend, why not?

2. What trainings have you or the other adults in your troop completed this year? Please note how the courses were taken (classroom, self-study, online, large event).

How were the different training courses valuable to you or other adults in your troop in their roles as volunteers?

What are the additional training needs of your troop adults?

3. As an adult volunteer, how has being involved with Girl Scouting benefited you?

4. Please list three (3) things the girls in your Troop/Group learned this year:

5. What was the highlight of the year for the Troop/Group?

6. Did your Troop/Group participate in council sponsored program events? Yes No If yes, how many?
If you did not participate, why not?

7. How did the girls participate in girl/adult planning? Please give examples. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What type of service projects did your troop participate in this year?

Type of Service	Organization	Number of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. What did the girls learn from the Service Project(s)? \_\_\_\_\_  
\_\_\_\_\_

10. What activities did your Troop/Group complete relating to diversity? What did the girls learn? \_\_\_\_\_  
\_\_\_\_\_

11. List trips and travel that your Troop/Group took this year. (Please include additional ones on the back of this form.)  
Location \_\_\_\_\_ Length of trip \_\_\_\_\_  
Location \_\_\_\_\_ Length of trip \_\_\_\_\_

12. How did your Troop/Group use earnings from the Cookie activity, QSP/Be a Reader program, and other money-earning activities? \_\_\_\_\_  
\_\_\_\_\_

13. What activities did your Troop/Group complete relating to diversity? What did the girls learn?  
\_\_\_\_\_  
\_\_\_\_\_

14. Do you plan on having summer activities with your Troop/Group? If so, please list: \_\_\_\_\_  
\_\_\_\_\_

15. Are you planning to continue as a Troop/Group Leader next year?      Yes      No      If not, why?  
\_\_\_\_\_

16. What additional services or resources from Girl Scouts of Connecticut would be helpful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please feel free to attach additional sheets with comments or suggestions.*

**Please return this form by July 15<sup>th</sup>.** Keep one (1) copy for your records and give one (1) copy each to your Service Unit Manager and to your Director of Membership Services or their designee.