



# Girl Scouts.

Girl Scouts of Northern California  
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## Money Earning Evaluation

Troop Leader \_\_\_\_\_

Service Unit \_\_\_\_\_

Troop # \_\_\_\_\_

Neighborhood \_\_\_\_\_

D  B  J  C  S  A

# of Girls \_\_\_\_\_

**Complete the evaluation form with the girls in the association/troop/group and return it to your community development director within two weeks of completing the money-earning activity.**

Girl Scout Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Troop Number \_\_\_\_\_

Position \_\_\_\_\_

Service Unit \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

1. What was your troop's or group's activity?

\_\_\_\_\_

\_\_\_\_\_

2. Were the established purpose and goal of the activity/project met? Explain:

\_\_\_\_\_

\_\_\_\_\_

3. What was the community's response to the activity/project?

\_\_\_\_\_

4. What advice would you give other troops or groups regarding the feasibility and logistics about your activity/project?

\_\_\_\_\_

5. Were the council guidelines helpful, easy to follow, and effective?

\_\_\_\_\_

6. General comments, suggestions or feedback (separate sheet may be attached if needed):

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ Dollar goal

\_\_\_\_\_ Date money earning began

\$ \_\_\_\_\_ Total money raised

\_\_\_\_\_ Date money earning completed

\$ \_\_\_\_\_ Amount spent on activity/project

\_\_\_\_\_ Number of girls participating in money earning

\_\_\_\_\_ Amount of time devoted to preparation

\_\_\_\_\_ Number of adults participating/supervising

### OFFICE USE ONLY — DO NOT WRITE IN THIS SECTION. Original to CDD.

Date Received \_\_\_\_\_

Front Desk  Mail  Staff

Date Approved \_\_\_\_\_

Signature \_\_\_\_\_