



Girl Scouts®

Girl Evaluation of LIT or SGSTA Project

Instructions:

1. This form is to be filled out **by the girl** who has completed an LIT or SGSTA project.
2. Please print or type.
3. Please return it to the Program Director (LIT/SGSTA) at the address above once it has been completed.

Girl's Name: _____ Troop/Group # _____

Date Project Was Completed: _____

Name of Mentor Leader: _____ Troop/Group # _____

1. I have completed the following project: _____ LIT _____ SGSTA
2. How would you rate your experience as a LIT or SGSTA?
_____ Excellent _____ Good _____ Fair _____ Poor

	Always	Sometimes	Never	NA
I was treated with respect.				
My opinions were valued.				
I was included in planning.				
I was given leadership responsibilities.				
My mentor was available to me.				

3. The part I liked best about my experience, and why: _____

4. The part I liked least about my experience, and why: _____

5. What could have been done better to help you accomplish your goals? Please share your suggestions about how to improve the application process, training, and project: _____

6. In what ways was your mentor most helpful? _____

7. How could your mentor improve how she works with a LIT or SGSTA? _____

I have met with my mentor to evaluate my LIT or SGSTA project.

Signed by Girl _____

Date _____