



Girl Scouts.

# Girl Scouts of Nassau County, Inc. PROGRAM/EVENT EVALUATION

Please take a few minutes to complete this evaluation. Your answers/opinions are valuable to us for future planning. We very much appreciate your taking the time to answer the following questions. Thank you!

Name: \_\_\_\_\_ Program/Event: \_\_\_\_\_

Troop# 831 Association: Rockville Centre Date \_\_\_\_\_

# of girls attending 20

1. Did you enjoy participating in this program/event?

Yes  No  Not sure

Please explain:

The experiments were fun and Shanna kept the girls engaged

2. What was your favorite part?

My favorite part was when the balloons picked up the pepper.

3. What was your least favorite part?

None

4. Would you like to do more activities like this in the future?

Yes  No  Not sure

5. By participating in this activity, did you learn something new?

Yes  No  Not sure

Please explain:

The girls learned about conductors and insulators of electricity

6. Did your participation in this activity help you make new friends?

Yes  No  Not sure

7. Did you feel that you accomplished something good after completing this program/event?

Yes  No  Not sure

8. Would you recommend this program/event to other troops/groups?

Yes  No  Not sure