



Girl Scouts®

Girl Scouts of the Fox River Area, Inc.

2007 Be A Reader (BAR) Program Troop BAR Manager Program Evaluation

The Be A Reader Program Committee considers your evaluation an important part of planning to help provide a quality program to the girls and troops. Please take a few minutes to complete this form to tell us what works and what needs improvement. **Return this form to your service unit Be A Reader manager in exchange for your troop's recognitions.** Thank you for supporting Girl Scouting!

		OK	Needs Improvement	NA
I.	General Information			
	A. Do you feel that the Service Unit BAR Manager conveyed the importance of the Be A Reader Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments _____			

	B. Do troop adults understand the importance of the Be A Reader Program for the council and troop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments _____			

II.	Training			
	A. Could the training sessions be made better for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	How? _____			

	B. Were there questions or concerns that you had that were not answered clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments _____			

III.	Sale Mechanics – What do you think about:			
	A. Order taking _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Changes in this year's sale _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	C. Collection of monies _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	D. Forms (including troop information brochure) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		OK	Needs Improvement	NA
IV. Product Sale Line	Do you have any comments concerning the product line? (Trophy Nut Company and QSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments _____			

V. Recognitions	Do you have any comments concerning the recognition line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments _____			

VI. Support – What are your thoughts on:				
A. Support from the service unit BAR manager?	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Support from council staff?	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. Program			
A. Did your troop participate in the QSP activity booklet program?		Yes	No
B. Did your troop participate in the Address Adventure program piece?		Yes	No
C. Did your troop utilize the “Nuts for Knowledge” program/goal piece?		Yes	No

VIII. Strategy			
A. Did your troop set sales goals?		Yes	No
B. Did your troop use goal charts?		Yes	No
C. Did your service unit set sales goals?		Yes	No

IX. Comments
 Now is the chance to let us know all of your thoughts. What can we do to improve our Be A Reader Program? How can we make your job easier? _____

Thank you for your time and honesty.

Optional information:

Name _____ Phone _____

Troop # _____ Service unit _____ Email _____

Would you like us to contact you? _____ Yes _____ No