

## Event Evaluation Summary

**Event Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
Event Organizer Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Other adults involved in event planning:**

Name      Phone      Position

**Other key contacts/resources for event:**

Name      Phone      Contribution

Total number of troops participating \_\_\_\_\_

Total number of girls participating \_\_\_\_\_

Total number of evaluations received \_\_\_\_\_

**Attach a copy of the evaluation form that participants/leaders (circle one) filled out.**

- For each yes/no question: On the attached copy of your evaluation form, indicate the total number of yes responses and total number of no responses, for all evaluations received.
- Summarize the results for the GSLE. On the attached copy of your evaluation form, indicate the total number of responses for 15 possible outcomes. Which were you aiming to achieve with your event (usually 1 – 2 for events that are a couple of hours in length, 2 – 4 on overnight events)?

\_\_\_\_\_

- For open-ended questions, summarize representative comments that were:

Positive:

Negative:

General Comments and Suggestions:

Ideas for future: