

Camp and Outdoor Survey

Pathway ex. event, camp. etc: _____ Program Name: _____
 Girl Scout level (ex. Daisy): _____ Location: _____
 Grade: _____ Date: _____

Please help to make Girl Scout activities the very best!

We want to know more about the girls who are Girl Scouts. We are asking you to complete this survey as part of your experience participating in this program.

Complete the boxes above, then read each sentence below. Check the box that matches what you think. If you don't know or do not want to give an answer, please mark "not sure or don't want to stay." Ask an adult if you need help.

Please tell us how much you agree or disagree with the following statements:	Disagree a lot	Disagree a little	Agree a little	Agree a lot	Not sure or don't want to say
I try things even if I may not be good at them.					
I don't give up, even when things are hard.					
Even if I am afraid of making mistakes, I still try new things.					
Girls like me can be leaders.					
Girls like me can do important things.					
I want to make the world a better place to live in.					
Girls like me can be good at many different things.					
I learn by working with other girls.					
I got to build on my outdoor skills.					
When I do activities, I learn new things.					
I got to try new outdoor activities.					
When I get stuck on something, I ask for help.					

2. In this Girl Scout experience, I was able to do things I could not do in other places.

Yes_____ No_____ Maybe_____

3. Would you participate in an activity like this again?

Yes_____ No_____ Maybe_____

Why? _____

4. Would you recommend an activity like this to a friend?

Yes_____ No_____ Maybe_____

Why? _____

5. When you think about your time as a Girl Scout, what makes you feel best?_____

6. When you think about your time as a Girl Scout, what would make it better?_____

7. Please use this space for anything you'd like to share. _____



*Have questions? Please contact
our Customer Care Team at
customercare@bdgsc.org or
304-345-7722.*