

# Camp Staff Evaluation

Name: \_\_\_\_\_ Camp: \_\_\_\_\_

Position: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Dates Served: \_\_\_\_\_

Type of Camp:  Day Camp       Twilight Camp       Weekend Camp       Partial Week  
 Resident Camp       Family Camp (Weekend version)

### ***Staff Planning Sessions***

- Did you attend the camp staff planning session(s)?  Yes     No
- Check all that were helpful/useful in preparing you for camp:
  - Staff Planning Sessions                       Meetings with Unit Staff
  - Camp staff manual                               Girl Scout Training Courses
  - Other training courses                         Past camp experience
  - Other Please List: \_\_\_\_\_
- Did you feel that you were adequately prepared for camp?  Yes     No  
 If no, what did you feel that you did not know or have: \_\_\_\_\_

### ***At Camp***

- Did you receive the desired help and support from the director? Explain what was helpful/not helpful.  
 \_\_\_\_\_
- Did you receive the desired help and support from the staff in your unit? Explain what was helpful/not helpful. \_\_\_\_\_  
 \_\_\_\_\_

What were your positive observations about camp? \_\_\_\_\_  
 \_\_\_\_\_

4. Additional comments and/or recommendations about anything you feel could give girls the best camp experience possible: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### ***Training***

List all training sessions attended: \_\_\_\_\_

| I WAS            | Always | Most of the Time | Almost Never |
|------------------|--------|------------------|--------------|
| Enthusiastic     |        |                  |              |
| Diplomatic       |        |                  |              |
| Courteous        |        |                  |              |
| A self-starter   |        |                  |              |
| Dependable       |        |                  |              |
| Safety Conscious |        |                  |              |
| Flexible         |        |                  |              |
| Cooperative      |        |                  |              |
| Organized        |        |                  |              |
| Prompt           |        |                  |              |

| I WAS                                | Always | Most of the Time | Almost Never |
|--------------------------------------|--------|------------------|--------------|
| Fair                                 |        |                  |              |
| Pleasant                             |        |                  |              |
| Able to accept responsibility        |        |                  |              |
| Able to follow through w/plans       |        |                  |              |
| Able to teach campers at their level |        |                  |              |
| Able to work well w/others           |        |                  |              |
| Able to directions                   |        |                  |              |
| Careful of equipment                 |        |                  |              |