



# PERFORMANCE REVIEW FOR LEADERS/ASSISTANT LEADERS

Western Oklahoma, Inc.  
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Please complete this form prior to or during your end-of-year conference with your supervisor

Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Troop No. & Level \_\_\_\_\_ Service Unit \_\_\_\_\_ Supervisor's Position \_\_\_\_\_

Position held: LEADER(01) ASSISTANT LEADER(02)

1. Please provide the information requested relating to your troop/group

A. Number of girls: Registered \_\_\_\_\_ Active \_\_\_\_\_ Re-Registered for next year \_\_\_\_\_ Bridging into troop \_\_\_\_\_  
Bridging out of troop \_\_\_\_\_ and into which troops \_\_\_\_\_

B. Name of troop camp certified adult \_\_\_\_\_

C. Name of First Aid/CPR certified adult \_\_\_\_\_

D. Schools attended by girls \_\_\_\_\_

E. I am interested in continuing in this position Yes No If not, a possible candidate to replace me  
is \_\_\_\_\_

2. Please rate your performance according to your job description/agreement. 

	Poor		Good	Excellent	
	1	2	3	4	5

3. Did you complete all 3 basic leadership courses? \_\_\_\_\_ When? \_\_\_\_\_

4. How did training help you? \_\_\_\_\_

5. How have girls been involved in planning troop activities? \_\_\_\_\_

6. How have the girls been involved in troop government? \_\_\_\_\_

7. How were service unit meetings helpful? \_\_\_\_\_

8. How did you ensure your girls followed GSUSA and council policies and standards?

9. How were the troop's monies managed? \_\_\_\_\_

10. Please rate the support using the following scale (circle the number that reflects your rating):

	Little Support	Some Support	Good Support	Very Good Support	Excellent Support
Troop Committee	1	2	3	4	5
Service Team	1	2	3	4	5
Service Center					
Reception/Store	1	2	3	4	5
Public Relations	1	2	3	4	5
Product Sales	1	2	3	4	5
Program Dept	1	2	3	4	5
Properties	1	2	3	4	5
Membership (MMS)	1	2	3	4	5
Training	1	2	3	4	5

Comments: \_\_\_\_\_

11. What was your biggest challenge as a troop leader? \_\_\_\_\_

12. If you could have any position in Girl Scouts, which would you choose? \_\_\_\_\_

\_\_\_\_\_  
Volunteer Date Supervisor Date