PERFORMANCE REVIEW FOR LEADERS/ASSISTANT LEADERS

Western Oklahoma, Inc.
121 N.E. 50th Street
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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 (circle one): 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 1 2 3 4 5 Good Excellent

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

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