

LEADER REPORT- year end

Girl Scouts of the Permian Basin

You will receive _____ *Bee Bucks*
for returning this form to your
community services director by
June 15.

Troop# _____ Program level next year: _____ Service Unit: _____ # of girls in troop: _____

Leader: _____ Phone: (home) _____ (work) _____

Address: _____ City: _____ Zip: _____

Email Address _____

Co-leaders/adult assistants: _____

I will be returning as leader next year. Yes No If no, Troop is disbanding New leader needed

I have recruited a new leader: Name _____ Phone _____

Has your troop used a Program Aide? Yes No If no, like more information? Yes No

* Training Completed: Let's Get Started Daisy Brownie Junior Cadette Senior First Aid

Other: _____

Training needs next year: _____

➔ Our funders require us to report on the *program outcomes* for girls participating in the Girl Scout program. This section provides outcomes information regarding your troop activities. Include the % of girls who showed improvement.

* According to your observations, in which of the following areas have your girls demonstrated success:
(include % of girls who have demonstrated success)

- | | |
|--|--|
| <input type="checkbox"/> Working together _____% | <input type="checkbox"/> Effective communication & peer interaction _____% |
| <input type="checkbox"/> Setting & reaching goals _____% | <input type="checkbox"/> Examining & sharing ideas/viewpoints _____% |
| <input type="checkbox"/> Making decisions _____% | <input type="checkbox"/> Implementing a plan of action _____% |
| <input type="checkbox"/> Demonstrating respect and acceptance of others _____% | |

* In which of the following program areas has your troop focused activities? (since mid-year report)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Camping | <input type="checkbox"/> Careers | <input type="checkbox"/> Character building |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Community | <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Diversity |
| <input type="checkbox"/> Health & fitness | <input type="checkbox"/> Drugs & alcohol | <input type="checkbox"/> Girl Scout ways | <input type="checkbox"/> Growing up female |
| <input type="checkbox"/> International | <input type="checkbox"/> Leadership | <input type="checkbox"/> Literacy | <input type="checkbox"/> Math |
| <input type="checkbox"/> Media | <input type="checkbox"/> Money management | <input type="checkbox"/> Outdoor education | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Science | <input type="checkbox"/> Songs & games | <input type="checkbox"/> Sports | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Other: (please specify) | | |

* Number of Try-Its/Badges/Patches worked on (since mid-year report): _____, List: _____

* List Service Projects Completed (since mid-year report):

Project	Who Benefitted	Hours spent on project (total all girl & adult hours)
_____	_____	_____
_____	_____	_____

* List any trips taken or planned (since mid-year report): _____

* Troop Finances:

Bank name: _____

Checking Savings

Account number: _____

Signature(s) on Account: _____

Balance at beginning of year: \$ _____

Total Income: _____

Total Expenses: _____

Current Balance: _____

Planned use for funds: _____

Do you have any funds not held in a bank account? Yes No If yes, Amount: \$ _____
location: _____

This form must be completed and returned by **June 15** to: GSPB, 5217 N. Dixie, Odessa, TX 79762